

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002515

1. Entity Name
JESUS' ARMS OF MERCY HOUSE OF PRAYER, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -8 AM 11:13



Principal Place of Business
415 BELFORD ST
JACKSONVILLE, FL 32202

Mailing Address
415 BELFORD ST
JACKSONVILLE, FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-4319288

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, WILLIE J
625 W UNION ST
STE 3
JACKSONVILLE, FL 32202

Name Robert Harrington Sr
Street Address (P.O. Box Number is Not Acceptable)

6445 ARMCO ST
City Jacksonville FL Zip Code 32204

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Harrington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/09
DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PS
NAME HARRINGTON, ROBERT ☐ Delete
STREET ADDRESS 6445 ARMCO ST
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME HARRINGTON, DORIS ☐ Delete
STREET ADDRESS 6445 ARMCO ST
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HARRINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-09

Date

904-654-8663

Daytime Phone #