

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90012 032 \*\*\*\*61.25

DOCUMENT # N04000003980

1. Entity Name

JESUS NEW COVENANT HOUSE OF PRAYER, INC.



Principal Place of Business

13850 NE 5TH ST.  
WILLISTON FL 32696

Mailing Address

13850 NE 5TH ST.  
WILLISTON FL 32696

*changed*  
↓



2. Principal Place of Business

13850 N.E. 5th St.

3. Mailing Address

P.O. BOX 609

Suite, Apt., #, etc.

Williston

Suite, Apt., #, etc.

Williston, FL

City & State

Williston, FL

City & State

Williston, FL

Zip

32696

Country

US

Zip

32696-0609

Country

US

1st MOORE

CR2E037 (10/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALME, RANDOLPH  
16207 SW 48TH CIRCLE  
OCALA FL 34473

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*President Leon A. Johnson 7/19/05*

**FILE NOW: 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	JOHNSON, LEON A	
STREET ADDRESS	13850 NE 5TH ST.	
CITY- ST- ZIP	WILLISTON FL 32696	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, LINDA G	
STREET ADDRESS	13850 NE 5TH ST.	
CITY- ST- ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leon A. Johnson 7/22/05 352-528-3529*

Date

Daytime Phone #