


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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90199 001 \*\*\*\*66.25  
 05-03-2005 90199 002 \*\*\*\*\*8.75

|  |   |
|--|---|
| <b>DOCUMENT # N04000005105</b>   |  |
| 1. Entity Name<br><b>THE CHURCH OF GOD PROPHECY-HOMESTEAD(HOUSE OF PRAYER), INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>527 SW 6TH AVE<br/>HOMESTEAD FL 33030</b> | Mailing Address - (HOME)<br><b>PO BOX 171807<br/>MIAMI FL 33017-1807</b> |
|---|--|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address (CHURCH)<br><b>P O BOX 900582</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                                  |

|                                     |                       |
|-------------------------------------|-----------------------|
| City & State<br><b>HOMESTEAD FL</b> | City & State          |
| Zip<br><b>33030</b>                 | Country<br><b>USA</b> |



1st MOORE CR2E037 (10/04)

|  |   |
|--|---|
| 4. FEI Number<br><b>59-2344151</b>                                   | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>JONES, STEVEN L<br/>9999 NE 2ND AVE STE 216<br/>MIAMI SHORES FL 33138</b> | 7. Name and Address of New Registered Agent        |
| Name  | Name   |
| Street Address (P.O. Box Number is Not Acceptable)  | Street Address (P.O. Box Number is Not Acceptable) |
| City  | City <b>FL</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>THOMPSON, SAMUEL A<br/>PO BOX 171807<br/>COUNTRY VILLAGE FL 33017</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>CLARK, JONATHAN<br/>527 SW 6TH AVE<br/>HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>FRETT, KENNETH<br/>527 SW 6TH AVE<br/>HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SANDS, KATHLEEN P<br/>569 SW 4TH STRTEET<br/>FLORIDA CITY FL 33034</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>LEE, JAMES JR<br/>530 NW 11TH STREET<br/>FLORIDA CITY FL 33034</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>C/M/P/S/T<br/>THOMPSON, SAMUEL A.<br/>19730 N.W. 62nd PLACE<br/>COUNTRY VLG/MIAMI/HIALEAH, FL 33015-</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/T/V<br/>CLARK, JONATHAN<br/>11440 BOOKER T. WASHINGTON BLVD.<br/>MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Samuel A. Thompson* SAMUEL A. THOMPSON** **03/30/05 (305)621-8446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #