

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2009
Secretary of State**

DOCUMENT# N04000005105

Entity Name: THE CHURCH OF GOD PROPHECY-HOMESTEAD(HOUSE OF PRAYER), INC.

Current Principal Place of Business:

527 SW 6TH AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 900582
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-2344151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, STEVEN L
9999 NE 2ND AVE STE 216
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: THOMPSON, SAMUEL A
Address: 19730 NW 62ND PLACE
City-St-Zip: HIALEAH, FL 33015

Title: DTV () Delete
Name: CLARK, JONATHAN
Address: 11440 BOOKER T WASHINGTON BLVD
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FRETT, KENNETH
Address: 527 SW 6TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: DS () Delete
Name: LEE, JAMES JR
Address: 530 NW 11TH STREET
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL A. THOMPSON

Electronic Signature of Signing Officer or Director

MR.

04/06/2009

Date