

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005326

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HOUSE OF PRAYER (PENTECOSTAL) INC.

**Current Principal Place of Business:**

5600 BISCAYNE DRIVE  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

970 BRENTWOOD DR.  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 65-1229924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELNICHUK, ANATOLY PASTOR  
970 BRENTWOOD DR.  
VENICE, FL 34292 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: S ( ) Delete  
Name: MELNICHUK, VASILY  
Address: 5435 CAMBAY ST  
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete  
Name: FATEYEV, ALEKSANDR  
Address: 324 SAN MARCO AVE.  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANATOLY MELNICHUK

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date