

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006975

FILED
Apr 29, 2008
Secretary of State

Entity Name: SHEPHERD'S HOUSE OF PRAYER MINISTRIES, INC.

Current Principal Place of Business:

7082 HARBOR POINT BLVD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7082 HARBOR POINT BLVD
ORLANDO, FL 32835

New Mailing Address:

PO BOX 68
GOTHA, FL 34734

FEI Number: 47-0943310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, WINSTON C
7082 HARBOR POINT BLVD
ORLANDO, FL 32835 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: F () Delete
Name: BRADFORD, WINSTON C
Address: 7082 HARBOR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: CF () Delete
Name: BRADFORD, JULIET
Address: 7082 HARBOR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: ST () Delete
Name: NELSON, VANSANA
Address: 1432 WHITNEY ISLES DR.
City-St-Zip: ORLANDO, FL 34786

Title: C () Delete
Name: LACY, CHARLES
Address: 1233 DUNBROOKE ST.
City-St-Zip: ORLANDO COEE, FL 34787

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: WINSTON BRADFORD

F

04/29/2008

Electronic Signature of Signing Officer or Director

Date