



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001555		
1. Entity Name HOUSE OF PRAYER FIVE-FOLD MINISTRY CHURCH, INC.		

Principal Place of Business 5674 LUMBERJACK LN TALLAHASSEE, FL 32303	Mailing Address 5674 LUMBERJACK LN TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # <u>2525 SOUTH MONROE ST.</u> (Suite, Apt. #, etc.) <u>3-B</u>	3. Mailing Address <u>2525 SOUTH MONROE ST.</u> (Suite) Apt. #, etc. <u>3-B</u>
City & State <u>TALLAHASSEE</u>	City & State <u>FLORIDA</u>
Zip <u>32301</u>	Country <u>USA</u>

FILED
07 APR 30 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-NP CR2E037 (12/06) 07

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
JENKINS, SHANI 165 VICTORY GARDEN DR., APT. B TALLAHASSEE, FL 32301	

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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING, WILLIE D	NAME	
STREET ADDRESS	165 VICTORY GARDEN DR., APT. B	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING, LINDA G	NAME	
STREET ADDRESS	165 VICTORY GARDEN DR., APT. B	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, SHANI T	NAME	
STREET ADDRESS	165 VICTORY GARDEN DR., APT. B	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Willie D. Whiting Jr. 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #