2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N05000002127

Entity Name: HOUSE OF PRAYER MINISTRIES INC.

Current Principal Place of Business:

2801 CLAY STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2102 MALLARD CREEK CIRCLE
KISSIMMEE, FL 34743

New Mailing Address:

2801 CLAY STREET
KISSIMMEE, FL 34741

FEI Number: 31-1701017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, PEARLIE W
2102 MALLARD CREEK CIRCLE
KISSIMMEE, FL 34743 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: P ( ) Delete
Name: WILLIAMS, HARRY L
Address: 2102 MALLARD CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete
Name: WILLIAMS, PEARLIE W
Address: 2102 MALLARD CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: SEC. ( ) Delete
Name: GONZALEZ, ROBERT
Address: 1402 BASS SLOUGH CIRCLE APT 1607
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: MS ( ) Change (X) Addition
Name: COLEMAN, SYLVIA
Address: 1906 AARON AVE
City-St-Zip: ORLANDO, FL 321811

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: PEARLIE W. WILLIAMS MS. 04/04/2009

Electronic Signature of Signing Officer or Director — Date