

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 009 ****70.00

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1. Entity Name
APOSTOLIC HOUSE OF PRAYER 2 INC.



Principal Place of Business
**148 W. NORTH STREET
WEWAHITCHKA, FL 32465**

Mailing Address
**P.O. BOX 1121
WEWAHITCHKA, FL 32465**

50006618



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-1148626

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, CAGER
148 W. NORTH STREET
WEWAHITCHKA, FL 32465**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WELLS, CAGER	
STREET ADDRESS	155 COMET AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, ANNIE	
STREET ADDRESS	155 COMET AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FISHER, CHARLES	
STREET ADDRESS	P.O. BOX 1121	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FISHER, SHEILA	
STREET ADDRESS	P.O. BOX 1121	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE	CS	<input type="checkbox"/> Delete
NAME	FISHER, ANN	
STREET ADDRESS	162 SPRINGTIME ST.	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CATHERINE	
STREET ADDRESS	1614 FOUNTAIN AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	138 Springtime St.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	138 Springtime St.	
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Cager Wells

Cager Wells 2/14/06

(850) 874-1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #