

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004570**

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



04272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WELLS, CAGER
STREET ADDRESS	155 COMET AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	WELLS, ANNIE
STREET ADDRESS	155 COMET AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	FISHER, CHARLES
STREET ADDRESS	138 SPRINGTIME ST
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	DS
NAME	FISHER, SHEILA
STREET ADDRESS	138 SPRINGTIME ST
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	DS
NAME	FISHER, ANN
STREET ADDRESS	162 SPRINGTIME ST.
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	D
NAME	TAYLOR, CATHERINE
STREET ADDRESS	1614 FOUNTAIN AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405

000000932119  
05/22/08-80043-006 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cage Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

Date

874-1116

Daytime Phone #