2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004570

Entity Name: APOSTOLIC HOUSE OF PRAYER 2 INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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148 W. NORTH STREET WEWAHITCHKA, FL 32465

Current Mailing Address: New Mailing Address:

P.O. BOX 1121 WEWAHITCHKA, FL 32465

FEI Number: 20-1148626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

PANAMA CITY, FL 32405

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PANAMA CITY, FL 32405

Title: DP () Delete Title: P (X) Change () Addition Name: WELLS, CAGER WELLS, CAGER

Address: 155 COMET AVE.
City-St-Zip: PANAMA CITY, FL 32401 WELLS, CAGER

Address: 155 COMET AVE.
City-St-Zip: PANAMA CITY, FL 32401

 Address:
 155 COMET AVE.
 Address:
 155 COMET AVE.

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 PANAMA CITY, FL 32401

Title: D () Delete Title: T (X) Change () Addition

 Name:
 FISHER, CHARLES
 Name:
 FISHER, CHARLES

 Address:
 138 SPRINGTIME ST
 Address:
 138 SPRINGTIME ST

 City-St-Zip:
 WEWAHITCHKA, FL 32465
 City-St-Zip:
 WEWAHITCHKA, FL 32465

Title: DS () Delete Title: S (X) Change () Addition

 Name:
 FISHER, SHEILA
 Name:
 FISHER, SHEILA

 Address:
 138 SPRINGTIME ST
 Address:
 138 SPRINGTIME ST

 City-St-Zip:
 WEWAHITCHKA, FL 32465
 City-St-Zip:
 WEWAHITCHKA, FL 32465

Title: DS () Delete Title: AS (X) Change () Addition

 Name:
 FISHER, ANN
 Name:
 FISHER, ANN
 STAND
 FISHER, ANN
 Address:
 162 SPRINGTIME ST.
 Address:
 162 SPRINGTIME ST.
 City-St-Zip:
 WEWAHITCHKA, FL 32465
 City-St-Zip:
 WEWAHITCHKA, FL 32465
 WEWAHITCHKA, FL 32465

Title: D () Delete Title: T (X) Change () Addition Name: TAYLOR, CATHERINE Name: STACKHOUSE, CATHERINE Address: 1614 FOUNTAIN AVE.

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.

City-St-Zip:

SIGNATURE: CAGER WELLS P 04/15/2009