


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N05000006119	
<b>1. Entity Name</b> TRINITY HOUSE OF PRAYER WORSHIP CENTER, INC.	

<b>Principal Place of Business</b> 8846 CELIA ROAD TALLAHASSEE FL 32305 US	<b>Mailing Address</b> 8846 CELIA ROAD TALLAHASSEE FL 32305 US
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 54-2178124	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  VANN, CURTIS L 8846 CELIA ROAD TALLAHASSEE FL 32305	
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<b>7. Name and Address of New Registered Agent</b>	
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) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <input type="checkbox"/> Delete VANN, CURTIS L 8846 CELIA ROAD TALLAHASSEE FL 32305
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <input type="checkbox"/> Delete VANN, ANNIE P 8846 CELIA ROAD TALLAHASSEE FL 32305-0723
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U000000637596 02/26/07-80067-017 70.00
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Curtis L. Vann*

*2/12/07*