## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N05000006119

TRINITY HOUSE OF PRAYER WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

8846 CELIA ROAD

TALLAHASSEE, FL 32305

8846 CELIA ROAD TALLAHASSEE, FL 32305

US

## **FILED** Mar 06, 2008 08:00 A **Secretary of State**



02112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 54-2178124 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANN, CURTIS L 8846 CELIA ROAD TALLAHASSEE, FL 32305

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		<b>\</b>			
8. The above the obliga	e named entity submits this statement for the titions of registered agent.	ourpose of changing its registered of	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Age	nt signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.	, 🗅	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANN, CURTIS L 8846 CELIA ROAD TALLAHASSEE, FL 32305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANN, ANNIE P 8846 CELIA ROAD TALLAHASSEE, FL 323050723		· .		U00000850123 03/21/08-80050-014 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP