

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 006 ****70.00

DOCUMENT # N05000007116

1. Entity Name

THE HOUSE OF GOD HOLY CHURCH PROPHETIC
MINISTRY INC.



Principal Place of Business

4920-18 HAVERHILL COMMONS CIR
WEST PALM BEACH FL 33417

Mailing Address

PO BOX 223401
WEST PALM BEACH FL 33422

50009321



2. Principal Place of Business

Comfort INN 1901
Suite, Apt. #, etc.
Gallery (A) Palm Bch Lake Blvd
City & State
West Palm Bch FL 1901

3. Mailing Address

PO Box 223401
Suite, Apt. #, etc.

City & State

West Palm Bch

City & State

West Palm Bch FL 1901

Zip
33409

Country

Palm Bch

Zip

33422

Country

Palm Bch

1st MOORE

CR2E037 (10/05)

4. FEI Number

22-3914453

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, THOMAS R SR
4920-18 HAVERHILL COMMONS CIR
WEST PALM BEACH FL 33417

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 restate(s))

DATE

FILE NOW: 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 P ☐ Delete
NAME WILLIAMS, THOMAS R
STREET ADDRESS 4920-18 HAVERHILL COMMONS CIR
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Thomas R. Williams SR. T.R. Williams 3/20/06 561-689-7262