


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90174 028 \*\*\*\*70.00

<b>DOCUMENT # N05000007116</b> 1. Entity Name <b>THE HOUSE OF GOD HOLY CHURCH PROPHETIC MINISTRY INC.</b>					
Principal Place of Business <b>COMFORT INN 1901 GALLERY (A) PALM BEACH LAKE BLVD WEST PALM BEACH, FL 33409</b>			Mailing Address <b>PO BOX 223401 WEST PALM BEACH, FL 33422</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 223401</b>			
Suite, Apt. #, etc. <b>5764 Okeechobee Blvd</b>		Suite, Apt. #, etc. <b>West Palm Beach FL</b>			
City & State <b>West Palm Bch FL</b>		City & State <b>West Palm Beach FL</b>			
Zip <b>33417</b>		Country		Zip <b>33422</b>	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, THOMAS R SR 4920-18 HAVERHILL COMMONS CIR WEST PALM BEACH, FL 33417</b>			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WILLIAMS, THOMAS R</b> <b>4920-18 HAVERHILL COMMONS CIR</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Veronica Rodriguez</b> <b>1081 Big Torch Street</b> <b>Riviera Beach, FL 33407</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Assistant Treasurer</b> <b>Annette Purser</b> <b>3507 Village Blvd.</b> <b>West Palm Beach, FL 33409</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Salma Rodriguez</b> <b>1081 Big Torch Street</b> <b>Riviera Beach, FL 33407</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Deacon</b> <b>Ricardo Rodriguez</b> <b>1081 Big Torch Street</b> <b>Riviera Beach, FL 33407</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE 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 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.					
<b>SIGNATURE:</b> <u><i>Thomas R. Williams Sr.</i></u> <b>6march07 561-689-7262</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40049847



03072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**22-3914453** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**