

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009500

FILED
Apr 26, 2006
Secretary of State

Entity Name: IMMOKALEE HOUSE OF PRAYER OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

203 E. EUSTIS AVE.
IMMOKALEE, FL 34112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2407
NAPLES, FL 341062407

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIGGINS, JUANITA C
1315 5TH AVE. N.
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: RIGGINS, JUANITA C
Address: P.O. BOX 2407
City-St-Zip: NAPLES, FL 341062407

Title: PD () Delete
Name: HINTON, U.L.
Address: 1035 2ND AVE. N., APT B-7
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: HUGHTS, EMMA L
Address: 742 AVE. E.
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: COHENS, ESTELLA
Address: P.O. BOX 673
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: D (X) Change () Addition
Name: HUGHTS, EMMA L
Address: 698 RAILROAD AVENUE, APT. #2
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: SD () Change (X) Addition
Name: COHENS, BEAUTINE
Address: P.O. BOX 673
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Change (X) Addition
Name: COHENS, LARRY
Address: P.O. BOX 673
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JUANITA C. RIGGINS

DPT

04/26/2006

Electronic Signature of Signing Officer or Director

Date