

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002148

FILED
Apr 30, 2009
Secretary of State

Entity Name: ASSEMBLY OF SAINTS HOUSE OF PRAYER INC.

Current Principal Place of Business:

2374 AUTOMOBILE DR.
JACKSONVILLE, FL 32209

New Principal Place of Business:

7565 BEACH BLVD
JACKSONVILLE, FL 32216

Current Mailing Address:

1836 E 11TH ST
JACKSONVILLE, FL 32206

New Mailing Address:

2374 AUTOMOBILE DR
JACKSONVILLE, FL 32209

FEI Number: 20-8371504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTTER, JOEL C
2374 AUTOMOBILE DR
JACKSONVILLE, FL 32209 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: T () Delete
Name: OLIVER, GEORGIA
Address: 844 POYDRAS DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: FLOYD, DANIELLE
Address: 899 CHERRY POINT DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: SUMMERALL, SAM
Address: 1324 PANGOLA DR
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: BURNEY, BRENDA
Address: 1884 HARDEE STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOEL C. TROTTER

AGEN

04/30/2009

Electronic Signature of Signing Officer or Director

Date