
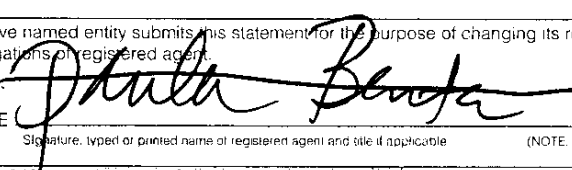


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 022 \*\*\*\*61.25

<b>DOCUMENT # N06000010916</b>			
1. Entity Name: <b>POWER HOUSE OF PRAYER MINISTRIES, INC.</b>			
Principal Place of Business <b>1705 UNIVERSITY BLVD N JACKSONVILLE FL 32211</b>		Mailing Address <b>1705 UNIVERSITY BLVD N JACKSONVILLE FL 32211</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BENTON, PAULA 1705 UNIVERSITY BLVD N JACKSONVILLE FL 32211</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (DATE) <b>7-10-07</b>			
<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BENTON, PAULA 1705 UNIVERSITY BLVD N JACKSONVILLE FL 32211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2nd MOORE CR2E037 (4/07)

4. FEI Number **20-5762189** Applied For  
Not Applicable

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

**Make Check Payable to  
Florida Department of State**

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:  **7-10-07**