

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011271

FILED
Apr 27, 2009
Secretary of State

Entity Name: INTERNATIONAL HOUSE OF PRAISE, INC.

Current Principal Place of Business:

11251 CAMPFIELD DR
UNIT 4106
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10920 BAYMEADOW ROAD 27-172
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5651224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, LAWANNA
11251 CAMPFIELD DR
UNIT 4106
JACKSONVILLE, FL 32256 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: D () Delete
Name: ROBINSON, JEROME
Address: 11251 CAMPFIELD DR., UNIT 4106
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ROBINSON, LAWANNA
Address: 11251 CAMPFIELD DR., UNIT 4106
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: JOHNSON, STACIA
Address: 10100 BAYMEADOWS ROAD #605
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: DAVIS, CASSIE
Address: 5650 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CHANEY, CORTEZ
Address: 12322 SUMTER SQUARE DR. W
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: DAVIS, JOHNNY
Address: 5650 SOUTELDRIVE
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:

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: LAWANNA ROBINSON

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date