

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N06534

1. Entity Name
HOUSE OF PRAYER AND RESCUE MISSION, INC.



Principal Place of Business
**501 NORTH 6TH STREET
PALATKA, FL 32177**

Mailing Address
**2501 PROSPER STREET, APT 23-B
PALATKA, FL 32177**



04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2870036** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAL, ROSA MAC
2501 PROSPER STREET, APT 23-B
PALATKA, FL 32177**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEAL, ROSA M
STREET ADDRESS	220 SOUTH 14TH ST.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VP
NAME	BEAL, STEPHINE
STREET ADDRESS	3701 ST. JOHN AVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	SD
NAME	DONALDSON, MARY
STREET ADDRESS	807 N. 16TH ST.
CITY-ST-ZIP	PALATKA, FL 32179
TITLE	TD
NAME	BEAL, CLOVER
STREET ADDRESS	220 SOUTH 14TH ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80044-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Rosa M. Beal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/06
Date

Daytime Phone #