


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

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| DOCUMENT # N06534 1. Entity Name HOUSE OF PRAYER AND RESCUE MISSION, INC. |  |
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| Principal Place of Business 501 NORTH 6TH STREET PALATKA, FL 32177 | Mailing Address 2501 PROSPER STREET, APT 23-B PALATKA, FL 32177 |
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2870036 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BEAL, ROSA MAC 2501 PROSPER STREET, APT 23-B PALATKA, FL 32177 | DO NOT WRITE IN THIS SPACE |
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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 *Rosa M. Beal* 04/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee Is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEAL, ROSA M 220 SOUTH 14TH ST. PALATKA, FL 32177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEAL, STEPHINE 3701 ST. JOHN AVE PALATKA, FL 32177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DONALDSON, MARY 807 N. 16TH ST. PALATKA, FL 32179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BEAL, CLOVER 220 SOUTH 14TH ST PALATKA, FL 32177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80032-023 70.00

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* 04/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #