

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06534

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** HOUSE OF PRAYER AND RESCUE MISSION, INC.

**Current Principal Place of Business:**

501 NORTH 6TH STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

347 S ORANGE AFENUE  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 59-2870036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAAC, ROOSEVELT  
347 S ORANGE AVENUE  
ARCADIA, FL 34266 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: PD ( ) Delete  
Name: ALFORD, JOANN  
Address: 220 SOUTH 14TH ST.  
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete  
Name: ISAAC, ROOSEVELT  
Address: 347 S OANGE AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: SD ( ) Delete  
Name: BEAL, ROSA MAE  
Address: 2501 PROSPER STREET  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: ISAAC, ROOSEVELT  
Address: 341 S ORANGE AVENUE  
City-St-Zip: ARCADIA, FL 34266

**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: ISAAC ROOSEVELT

TD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date