


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 002 \*\*\*\*70.00

<b>DOCUMENT # N06555</b> 1. Entity Name HOUSE OF PRAYER APOSTLIC CHURCH OF GOD IV, INC.					
Principal Place of Business 2112 MITCHELL CT FT. MYERS, FL 33916			Mailing Address 2112 MITCHELL CT FT. MYERS, FL 33916		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07142006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-2559908				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  RODNEY DAVIS 2365 WILLARD STREET FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name <u>RODNEY J. DAVIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>238 SW 37TH TER</u> City <u>CAPE CORAL, FL</u> Zip Code <u>33914</u>		
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 <u>[Signature]</u> <u>RODNEY J. DAVIS</u> <u>7/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RODNEY ELD. <input type="checkbox"/> Delete 2365 WILLARD STREET FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ELLA M PASTOR <input type="checkbox"/> Delete 3853 ROGERS STREET FT. MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SAMUEL ELD. <input type="checkbox"/> Delete 109 STETSON ST LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, JUDY <input type="checkbox"/> Delete 3853 ROGERS STREET FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDETTE, JOHN <input type="checkbox"/> Delete 2966 MEADOW AVENUE FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RODNEY J. DAVIS 238 SW 37TH TER CAPE CORAL, FL 33914				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVIS, SAMUEL ELD. 4928 JEANIE LN FT. MYERS, FL 33905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>[Signature]</u> <u>RODNEY J. DAVIS</u> <u>7/21/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					