2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90015 034 ****70.00

DOCUMENT # N07000004434

1. Entity Name

HOUSE OF PRAYER ETERNITY, INC.

Principal Place of Business	Mailing Address
2550 MCQUEEN RD APOPKA FL 32703	2550 MCQUEEN RD APOPKA FL 32703

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2550 MCQueen Rd	2550 mcqueen Rd
Suite, Apt. #, etc.: 2550	Suite, Apt. #, etc.: 2550
City & State: Apopka	City & State: Apopka
Zip: 32703 Country: FL Orange	Zip: 32703 Country: FL Orange

4. FEI Number: 65-1316464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLDEN, SYLVESTER L
2550 MCQUEEN RD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name: Sylvester L Bolden
Street Address (P.O. Box Number is Not Acceptable): 2550 MCQueen Rd.
City: Apopka **FL** Zip Code: 32703

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: Sylvester L. Bolden 01-23-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLDEN, SYLVESTER L 2550 MCQUEEN RD APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLDEN, MARY 2550 MCQUEEN RD APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSMIN, TIFFANY 597 SPANISH TRACE DR ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sylvester L. Bolden 01-23-2008