2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N09218 1. Entity Name HOLY GHOST OUTREACH PRAYER MINISTRIES, INCORPORATED						y O1 Sta 198 044 ****61.		
Principal Place of Business 524 NW 1ST ST GAINESVILLE, FL 32601 US Mailing Address P.O. BOX 23759 GAINESVILLE, FL 32602			2	4008	5031			
2. Principal Place of Busiless - No P.O. Box # 3. Mailing Address								
Suite Apt. #, etc. Suite, Apt. #, etc.				03232007 Ch	g-NP	CR2E037 (12/06)		
Gainesnile FL		City & State		4. FEI Number 59-2524483	3	 +-	pplied For ot Applicable	
32602 Hachea		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			N	7. Name and Addr	ess of New Reg	gistered Agent		
MCCLELLAN, KENNETH L 524 NW 1ST ST			Name					
	ST ST ILLE, FL 32601		Sireet Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zin Cod	10	
				FL Zip Code				
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 Alex Above the Applicable. (NOTE. Registered Agent signature required when reinstating) DATE								
SIGNATURE	Signature, typed or printed name of registered agent an	ed title if applicable. (NOTE: I		ired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	Registered Agent signature requionality	\$5.00 May Be Added to Fees		DATE ke check payable t a Department of S		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysine Prone #