

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007816

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** HOUSE OF PRAYERS FOR ALL PEOPLE, INC.

**Current Principal Place of Business:**

5251 PALAFOX DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5251 PALAFOX DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 27-3317023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRAWFORD, RICHARD L  
5251 PALAFOX DRIVE  
NEW PORT RICHEY, FL 34652 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:** MR.  
**Name:** RICHARD L. CRAWFORD  
**Address:** 5251 PALAFOX DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** MS.  
**Name:** GEORGIA ALBERTY  
**Address:** 709 SOUTH DISSTON AVENUE  
**City-St-Zip:** TARPON SPRINGS, FL 34689 US

**Title:** MISS  
**Name:** ANITRA MERRICKS  
**Address:** 4914 VISION AVENUE  
**City-St-Zip:** HOLIDAY, FL 34690 US

**Title:** MISS  
**Name:** KENISHA MERRICKS  
**Address:** 349 WOOD DOVE AVENUE  
**City-St-Zip:** TARPON SPRINGS, FL 34689 US

**Title:** MS  
**Name:** VICTORIA DUPREE  
**Address:** 1350 DARTMOUTH DRIVE  
**City-St-Zip:** HOLIDAY, FL 34690 US

**Title:** MRS  
**Name:** IRISOL A. CARTAGENA  
**Address:** 5827 ANSLEY STREET  
**City-St-Zip:** JACKSONVILLE, FL 33711 US

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD L. CRAWFORD

MR

04/04/2011

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

\_\_\_\_\_  
Date