


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90072 027 \*\*\*\*70.00

<b>DOCUMENT # N10081</b> 1. Entity Name ANTIOCH HOUSE OF PRAYER OF THE APOSTOLIC FAITH, INC.						
Principal Place of Business C/O HERBERT JOHNSON, JR. 1356 W 34TH STREET RIVERA BEACH, FL 33404			Mailing Address P.O BOX 8545 WEST PALM BEACH, FL 33407 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>59-2564807</b>		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>JOHNSON, HERBERT, JR.</b> <b>1356 W 34TH STREET</b> <b>RIVIERA BAC., FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, HERBERT, JR. 437 - 35 STREET W. PALM BCH, FL			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, GLORIA 437 - 35 STREET W. PALM BCH, FL			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, MARLENE 717 EXECUTIVE CTR W. PALM BCH, FL			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, CYNTHIA 166 MARY STREET JENNIGNS, FL			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BERTHA R 1470 NW 88TH STREET MIAMI, FL			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						
<b>SIGNATURE:</b> <i>Herbert Johnson Jr.</i> PCD 2/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
HERBERT JOHNSON JR (PASTOR)						

**50021124**



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