


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 017 ****61.25

DOCUMENT # N10863

1. Entity Name
 HOUSE OF PRAYER APOSTOLIC CHURCH, INC.



Principal Place of Business Mailing Address
 C.R. 312 C.R. 312
 P. O. BOX 1409 P. O. BOX 1409
 WILDWOOD, FL 34785-1409 WILDWOOD, FL 34785-1409



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 7021 CR 213 P.O. Box 1409
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04012007 Chg-NP CR2E037 (12/06)

City & State Wildwood FL City & State Wildwood FL
 Zip 34785 Country USA Zip 34785 Country USA

4. FEI Number NOT APPLICABLE Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 YOUNG, CLARA L.
 1855 PRUITT STREET
 LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name Clara Young
 Street Address (P.O. Box Number is Not Acceptable)
 1855 Pruitt St
 City Leesburg FL Zip Code 34785

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 Clara Young DATE 4-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, MICHAEL A. RT. 1 BOX 234-A REDDICK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, JAMES O. 2919 NW 17 AVE OCALA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENSON, JAMES 7243 NW 125 ST RD REDDICK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, CLARA 1855 PRUITT ST LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, BEAUREGARD P O BOX 551 N/A REDDICK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JIMMY LEE CR 231 8604 WILDWOOD, FL 34785 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth L. Young 1855 Pruitt St Leesburg FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Henry Baxter 3780 Ste. 95th St Ocala FL 34480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Glover, Jr. 2919 NW 17th Ave Ocala FL 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roosevelt Morgan 307 NW 85 Blvd Wildwood FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Clara Young DATE 4-1-07 (352) 255-3605
Signature and typed or printed name of signing officer or director Date Daytime Phone #