

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11001

FILED
May 05, 2008
Secretary of State

Entity Name: FLORIDA HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

Current Principal Place of Business:

2445 NW 62 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1005 NE 92 STREET
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0032498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, ALBERT, JR.
1005 NE 92 STREET
MIAMI, FL 33138 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: PD () Delete
Name: WATSON, ALBERT JR
Address: 2445 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: VTD () Delete
Name: WATSON, GWENDOLYN
Address: 2445 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: BRINSON, CONNIE
Address: 2445 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: WATSON, GWENDOLYN
Address: 2445 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: TD (X) Change () Addition
Name: BILLINGSLEA, SHERWIN
Address: 2445 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT WATSON JR

PD

05/05/2008

Electronic Signature of Signing Officer or Director

Date