

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2009
Secretary of State**

DOCUMENT# N13792

Entity Name: ST. JAMES HOUSE OF PRAYER OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

2146 CHURCH STREET
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

2146 CHURCH STREET
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2707217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, JACQUELYN D
2501 CRAWFORD DR
SANFORD, FL 32771 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: COOPER, EUGENE
Address: 2501 CRAWFORD DR.
City-St-Zip: SANFORD, FL 32771 US

Title: VD () Delete
Name: ROBINSON, LARRY J
Address: 1506 MELLONVILLE
City-St-Zip: SANFORD, FL 32771 US

Title: SD () Delete
Name: COOPER, JACQUELYN D
Address: 2501 CRAWFORD DR.
City-St-Zip: SANFORD, FL 32771 US

Title: T () Delete
Name: JONES, MARY R
Address: 2230 DOLARWAY
City-St-Zip: SANFORD, FL 32771 US

Title: DEA () Delete
Name: KENDRICK, JEFFREY B
Address: 2230 DOLARWAY
City-St-Zip: SANFORD, FL 32771 US

Title: AS () Delete
Name: GORDON, CASSANDRA
Address: 2501 CRAWFORD DR.
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JACQUELYN D COOPER

SD

03/21/2009

Electronic Signature of Signing Officer or Director

Date