

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 030 \*\*\*\*70.00

<b>DOCUMENT # N26988</b>	
1. Entity Name MONUMENT HOUSE OF PRAYER, INC.	



Principal Place of Business MONUMENT HOUSE OF PRAYER 3612 TURTON AVE JACKSONVILLE, FL 32208 US	Mailing Address 2005 FIRESTONE RD JACKSONVILLE, FL 32210 US
---	---

50042170



04122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2941706	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PASCHAL, LENNARD M. 2005 FIRESTONE ROAD JACKSONVILLE, FL 32210
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, IDA A 5715 HOLLYBELL DR APT 2 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROCTOR, PEARL 5925 MAPLE LEAF DR SO. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Spaulding, Norma 840 Baker Street JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

**SIGNATURE:** Lennard M. Paschal 4/16/05 (904)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #