

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/6/

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-06-2006 90034 048 ****61.25

DOCUMENT # N26988 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2941706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent PASCHAL, LENNARD M. 2005 FIRESTONE ROAD JACKSONVILLE FL 32210				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> N/A <small>(NOTE: Registered Agent signature required when reissuing)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, IDA A 5715 HOLLYBELL DR APT 2 JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PROCTOR, PEARL 5925 MAPLE LEAF DR SO. JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAULDING, NORMA 840 BAKER STREET JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <div style="width: 40%; text-align: center;"> 3/20/06 <small>Date</small> </div> <div style="width: 60%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>	

2000 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

66006444

2000 Report

0005620

DOCUMENT # N26988

1. Entity Name

MONUMENT HOUSE OF PRAYER, INC.

Principal Place of Business

Mailing Address

MONUMENT HOUSE OF PRAYER
3612 TURTON AVE
JACKSONVILLE FL 32208
US

2005 FIRESTONE RD
JACKSONVILLE FL 32210-2634
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2941706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCHAL, LENNARD M.
2005 FIRESTONE ROAD
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAWK, AARON 4027 ANVERS BLVD. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Brown, Ida A. 5715 Hollybell Dr., Apt. #2 Jacksonville, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Proctor, Pearl 5925 Maple Leaf Drive S. Jacksonville, FL	<input checked="" 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
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 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

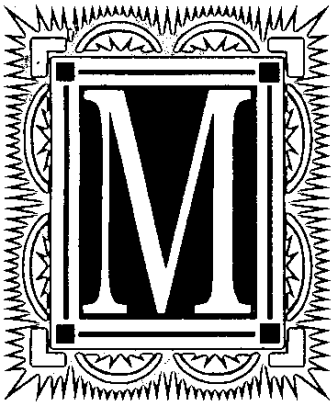
4-9-00

904-768-3243

CR2E037 (9/59)

ATTACHMENT

66006444



*Monument
House of Prayer*



On The Wings of an Eagle
I Have Brought You.

Senior Pastor
Dr. Lennard M. Paschal

Administrative Pastor
Dr. Claudetta C. Paschal

3613 Turton Avenue
Jacksonville, FL 32208
(904) 768-3243
FAX 619-6295

Email Address
Lennardm@aol.com

March 20, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 323021500

Subject: Monument House of Prayer, Inc.

Reference Number N26988

The annual report/uniform business report which you received was signed in the wrong place. The signing officer is still Lennard M. Paschal, as in years past (see attached copy). Please accept signed copy attached.

We appreciate your attention to this matter.

Yours in Christ,

Lennard M. Paschal
Senior Pastor



ATTACHMENT
66006444

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

MONUMENT HOUSE OF PRAYER, INC.
2005 FIRESTONE RD
JACKSONVILLE, FL 32210 US

Subject: MONUMENT HOUSE OF PRAYER, INC.

Reference Number:

N26988

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION