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

3/6/.

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

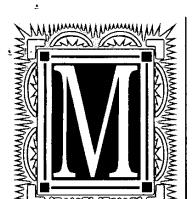
03-06-2006 90034 048 \*\*\*\*61.25

## DQCUMENT # N26988

1. Entity Name

MONUME	NT HOUSE OF PRAYER, IN	C.		<b>3</b>	
3612 TURTO	HOUSE OF PRAYER	Mailing Address 2005 FIRESTONE RD JACKSONVILLE FL 3: US	<b>22</b> 10 <sub>.</sub>		
2. Principal Pla	ace of Business	3. Mailing Address		1 162 111 200 1212 1110 2012 1210 1210 1	- F1871 61991 67979 61979 ET 18 ET
Suite, Apt. I	eic.	Suite, Apt. #, etc.		1st MOORE CR2E03	7 (10/05)
City & State		City & State		4. FEI Number 59-2941706	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent
2005	CHAL, LENNARD M. LFIRESTONE ROAD KSONVILLE FL 32210			is (P.O., Box Number is Not Acceptable)	
		$\sim$	City	F	L Zip Code
SIGNATURE	Special recipies of discontinuous of requisits of special special properties of requisits of special special special properties of special spe	9. Election C	ampaign Financing	\$5.00 May Be Make Che	ck Payable to artment of State
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL	☐ Delate	TITLE MANUE STREET ADDRESS CITY-SI-ZEP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
HITLE NAME STREET ADDRESS CITY-S1-ZIP	ST BROWN, IDA A 5715 HOLLYBELL D.R. APT 2 JACKSONVILLE FL	□ Delete	NAME STRETT ADDRESS CITY-ST-ZIP		Chance Addition
16TLE NAME STREET ADDRESS CITY+ST-2IP	T PROCTOR, PEARL 5925 MAPLE LEAF DR SO. JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T SPAULDING, NORMA 840 BAKER STREET JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby indicate of the could chang	red, or on all altachimen with an addi	with this filling does not qualities true and accurate and the mpowered to execute this release with all other like empo	ny for the exemptions control may propagate shall have spon as required by Chapt wered.	tained in Section 119; Florida Statutes, I further the same legal effect as if made under cath; this form of the f	certify that the information at 1 am an officer or director ears in Block 10 or Block 11
Julian	SIGNATURE AND TYPED O	H PRINCED HAME OF SIGNONG OFFI	CER OR CIRECTOR	Date	Deytane Phone #

OCUM Entity Name	MENT # N26988	<b>\</b>	-	00000111		
MONUMEN	NT HOUSE OF PRAYER, IN	íc.		- Roomst		
ncipal Place	of Business	Mailing Address	<del></del>	$\neg \langle \gamma \rangle^{0} = \rho^{*} = 1/2$		
NUMENT HOU TURTON AV KSONVILLE F		2005 FIRESTONE RD JACKSONVILLE FL 32210-20 US	534	ner l		
Principal Pla	ace of Business	3. Mailing Address	·····			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	<del></del>	4. FEI Number 59-2941706 Applied For Not Applied able		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Curren	t Registered Agent	<del> </del>	7. Name and Address of New Registered Agent		
			Name	T		
	LENNARD M.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
	TONE ROAD ILLE FL 32210					
CHOCHAI			· · · · · · · · · · · · · · · · · · ·			
NATUREs	named entity submits this statement i	nt and title if applicable. (NOT	E: Registered Agent signatu	registered agent, or both, in the state of Florida.		
NATURE _s	named entity submits this statement i Signature, typed or printed name of registered age		registered office or  E: Registered Agent signatu	registered agent, or both, in the state of Florida.		
NATURE _s	named entity submits this statement is statement. Signature, typed or printed name of registered age.  FILE NOW.  FEE IS 8112.  OFFICERS AND I	9. Election Campaig Trust Fund Contrib	registered office or  E: Registered Agent signatu  In Financing  pution.	registered agent, or both, in the state of Florida.  PATE  \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NATURE _s	named entity submits this statement in state	nt and title if applicable. (NOT  9. Election Campaig  Trust Fund Contrib	registered office or E: Registered Agent signatu in Financing	registered agent, or both, in the state of Florida.  **Grequired when reinstating)**  \$5.00 May Be Added to Fees ** Check Payable to Check Pay		
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NATURE	Signature, typed or printed name of registered age FILE NOW FEE IS 36122  OFFICERS AND D PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL	9. Election Campaig Trust Fund Contrib	registered office or  E: Registered Agent signatu  In Financing oution.  11.  IITLE  NAME  STREET ADDRESS	registered agent, or both, in the state of Florida.  \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Secretary Brown, Ida A.  5715 Hollybell Dr., Apt. #2  Jacksonville, FL.  Treasurer  Acction		
NATURE	Signature, typed or printed name of registered age FILE NOW FEEDS 561-25  OFFICERS AND DE PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL VD PASCHAL, CLAUDETTA C.	9. Election Campaig Trust Fund Contrib	registered office or  E: Registered Agent signatu  n Financing bution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	**Soon wille, FL.  Treasurer  registered agent, or both, in the state of Florida.  **Proctor, Pearl  DATE  **Make Check Payable to  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Secretary  Brown, Ida A.  5715 Hollybell Dr., Apt. #2  Jacksonville, FL.  Treasurer  Proctor, Pearl		
E E ADDRESS - ST-ZIP	Signature, typed or printed name of registered age  FILE NOW FEE IS \$6125  OFFICERS AND DE PO PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL VD PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL	9. Election Campaig Trust Fund Contrib DIRECTORS Delete	registered office or  E: Registered Agent signatu  In Financing Dution.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME NAME	registered agent, or both, in the state of Florida.  \$5.00 May Be Added to Fees		
NATURE	Signature, typed or printed name of registered age  FILE NOW FEE IS \$6125  OFFICERS AND DE  PD  PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL  VD  PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL  STD	9. Election Campaig Trust Fund Contrib	registered office or  TE: Registered Agent signature In Financing poution.  11.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE TIPLE TIPLE TIPLE TIPLE	registered agent, or both, in the state of Florida.  \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Secretary  Brown, Ida A.  5715 Hollybell Dr., Apt. #2  Jacksonville, FL.  Treasurer  Proctor, Pearl  5925 Maple Leaf Drive S.		
NATURE	Signature, typed or printed name of registered age  FILE NOW FEE IS \$6125  OFFICERS AND DE PO PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL VD PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL	9. Election Campaig Trust Fund Contrib DIRECTORS Delete	registered office or  TE: Registered Agent signature In Financing poution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the state of Florida.  \$5.00 May Be Added to Fees		
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NATURE	Signature, typed or printed name of registered age  FILE NOW FEE IS \$61:25  OFFICERS AND E PD PASCHAL, LENNARD M. 2005 FIRESTONE RD. JACKSONVILLE FL VD PASCHAL, CLAUDETTA C. 2005 FIRESTONE RD. JACKSONVILLE FL STD HAWK, AARON 4027 ANVERS BLVD.	9. Election Campaig Trust Fund Contrib Delete Delete Delete	Te: Registered Agent signature in Financing Dution.  11.  TiftE NAME STREET ADDRESS CITY-ST-ZIP TIFTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the state of Florida.  \$5.00 May Be Added to Fees		
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Monument House of Prayer



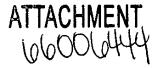
On The Wings of an Eagle I Have Brought You.

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. Box1500 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** 



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 <u>has not been filed</u> 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