

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26988

FILED
Apr 28, 2008
Secretary of State

Entity Name: MONUMENT HOUSE OF PRAYER, INC.

Current Principal Place of Business:

MONUMENT HOUSE OF PRAYER
3612 TURTON AVE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

2005 FIRESTONE RD
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2941706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PASCHAL, LENNARD M.
2005 FIRESTONE ROAD
JACKSONVILLE, FL 32210 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: PASCHAL, LENNARD M.,
Address: 2005 FIRESTONE RD.
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: PASCHAL, CLAUDETTA C.,
Address: 2005 FIRESTONE RD.
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: BROWN, IDA A
Address: 1162 STEPHENSON CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: PROCTOR, PEARL
Address: 5925 MAPLE LEAF DR SO.
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: SPAULDING, NORMA
Address: 840 BAKER STREET
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PASCHAL, LENNARD M.,
Address: 2005 FIRESTONE RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change () Addition
Name: PASCHAL, CLAUDETTA C.,
Address: 2005 FIRESTONE RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST (X) Change () Addition
Name: BROWN, IDA A
Address: 1162 STEPHENSON CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T (X) Change () Addition
Name: PROCTOR, PEARL
Address: 5925 MAPLE LEAF DR SO.
City-St-Zip: JACKSONVILLE, FL 32211

Title: T (X) Change () Addition
Name: SPAULDING, NORMA
Address: 840 BAKER STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: LENNARD M. PASCHAL

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date