2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42706

FILED Apr 27, 2005 Secretary of State

Entity Name: EVANGELISTICAL SCHOOL OF FAITH & PRAYER, INC.

Current Principal Place of Business: 5411 SW 21 ST			New Principal Plac	New Principal Place of Business:	
	DOD, FL 33023	3			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5411 SW 2 HOLLYWO	21ST DOD, FL 33023	3 US			
FEI Number:	: 65-0414050	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
5411 SE 2	CLAUDIUS 1 ST WOOD, FL 33	023 US			
	named entity s e of Florida.	submits this statement for th	e purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LESANE, JOSE RT 2 BOX 147 LAMAR, SC	Delete PH REV,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LESANE, ALFR RT 2 BOX 147 LAMAR, SC	Delete EDA REV,	Title: Name: Address: City-St-Zip:	() Change () Addition	
			T:41		
Name: Address:	D (X) DANIELS, CYN 4605 SW 25 ST W HOLLYWOO	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DANIELS, CYN 4605 SW 25 ST W HOLLYWOO	THIA REV, DD, FL DD, FL DDIUS REV,	Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIUS COOPER PD 04/27/2005