

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90296 019 \*\*\*\*70.00

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| <b>DOCUMENT # N49967</b>   |  |
| 1. Entity Name<br><b>HOLY TEMPLE HOUSE OF PRAYER CENTER INC.</b> |  |



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|--|--|
| Principal Place of Business<br><b>214 EMERSON DR<br/>2<br/>MELBOURNE FL<br/>US</b> | Mailing Address<br><b>1687 JACENTO AVE<br/>PALM BAY FL 32907</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E037 (10/04)

|   |  |   |
|---|--|---|
| 4. FEI Number<br><b>59-3138184</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |  |   |
| 6. Name and Address of Current Registered Agent<br><b>GREEN, HATTIE<br/>906 SPRING ST<br/>PALM BAY FL 32907</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

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

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SIMMONS, PANDORA<br>1601 GLENARK AVE, N.E.<br>PALM BAY FL 32907 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GORDON, ETHEL<br>1902 N. 37TH STREET<br>FT PIERCE FL <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Betty Niblack VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1902 N. 37 ST<br>H. Pierce, FL 34947 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PRESSLEY, GAIL<br>158 CHICORY AVENUE N.E.<br>PALM BAY FL 32909 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ALESSANDRO, DONNA<br>1687 JACINTO AVE NW<br>PALM BAY FL 32907-8680 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Pandora Simmons PD 4-12-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #