2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# N50003

Entity Name: HOUSE OF PRAYER AND PRAISE TABERNACLE INC.

Current Principal Place of Business:

5605 NW 79TH PL
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2003
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-3278609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DILLARD, ROY H SR.
P.O. BOX 2003
GAINESVILLE, FL 32602 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: P ( ) Delete
Name: DILLARD, ROY H SR.
Address: P.O. BOX 2003
City-St-Zip: GAINESVILLE, FL 32602 US

Title: VD ( ) Delete
Name: DILLARD, PAULINE
Address: P.O. BOX 2003
City-St-Zip: GAINESVILLE, FL 32602 US

Title: S ( ) Delete
Name: JACKSON, CLAREATHA
Address: 904 N CLARK ST.
City-St-Zip: STARKE, FL 32091 US

Title: D ( ) Delete
Name: MOZELL, LONDON
Address: 306 SW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: S ( ) Delete
Name: JACKSON, CLAREATHA
Address: 904 N CLARK ST
City-St-Zip: STARKE, FL 32091 US

Title: D ( ) Delete
Name: SHERRIN, OWENS M
Address: 1900 SE 4TH ST #82
City-St-Zip: GAINESVILLE, FL 32641 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHERRIN OWENS MS. 02/03/2005
Electronic Signature of Signing Officer or Director — Date