

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50003

FILED
Jun 10, 2008
Secretary of State

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DILLARD, ROY H SR.
1611 SE 12TH PLACE
GAINESVILLE, FL 32641 US

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: 3501 NE 15TH STREET APT. M-111
City-St-Zip: GAINESVILLE, FL 32609 US

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

Title: D () Delete
Name: SHERRIN, OWENS M
Address: 1611 SE 12TH PLACE
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: D (X) Change () Addition
Name: MOZELL, LONDON
Address: 1101 SE 15TH STREET APT. 60
City-St-Zip: GAINESVILLE, FL 32641 US

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 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: SHERRIN M OWENS

D

06/10/2008

Electronic Signature of Signing Officer or Director

Date