2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002853

FILED Jan 03, 2007 Secretary of State

Entity Name: OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FOUNDATION. INC

		OF BIVINET ROUBLINGE				
Current Principal Place of Business:				New Principal Place of Business:		
711 S BAY\ CLEARWA	/IEW AVE TER, FL 33759	US				
Current Mailing Address:			New Mailing Address:			
711 S BAY\ CLEARWA	/IEW AVE TER, FL 33759	US				
FEI Number:	59-3208709	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CLINE, HARRY S 400 CLEVELAND STREET STE 800 CLEARWATER, FL 34615 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State						
SIGNATUR		Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D BROWN, DIANE 711 S BAYVIEW A CLEARWATER, F	AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () D BURK, SALLY G 711 S BAYVIEW A CLEARWATER, F	AVE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition JARED, BROWN 711 S BAYVIEW AVE CLEARWATER, FL 33759	
Title: Name: Address: City-St-Zip:	VPD () D MOONEY, BERT 711 SA BAYVIEW CLEARWATER, F	AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D RATCLIFFE, CHU 711 S BAYVIEW A CLEARWATER, F	CK AVE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition CONNELLEY, JOHN 711 S BAYVIEW AVE CLEARWATER, FL 33759	
Title: Name: Address: City-St-Zip:	D ()D WOOD, JEFF 165 WOODCREE SAFETY HARBOR	K DR. N.		Title: Name: Address: City-St-Zip:	D (X) Change () Addition RENFROW, JEANIE 711 S. BAYVIEW AVENUE CLEARWATER, FL 33759	

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE F. BROWN PD 01/03/2007