2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 17, 2006 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # N93000002912 04-17-2006 90406 027 ****70.00 1. Entity Name JESUS CHRIST'S HOUSE OF PRAYER, INC. Principal Place of Business Mailing Address 1032 W ROBINSON ST 1032 W ROBINSON ST 50012548 ORLANDO, FL 32825 US ORLANDO, FL 32825 US 2. Principal Place of Business 3. Mailing Address une Suite, Apt. #, etc. Suite, Apt. #, etc 04102006 Chg-NP CR2E037 (11/05) City & State OCDEC City & State FEI Number 59-3211075 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ones Gwendolu JONES, GWENDOLYN A 1708 GRAND OAK DR Street Address (P.O. Box Number is Not Acceptable APOPKA, FL 32703 II m. her ack Zip Code 3476 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Gwendolyn Lane
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34761 PD TITLE ☐ Delete TITLE ☐ Addition JONES, APOSTLE NAME NAME STREET ADDRESS 1708 GRAND OAK DRIVE STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE ☐ Change NAME BENNETT, CIERA NAME 1708 GRAND OAK DRIVE STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE ROBINSON, BEVERLY NAME NAME 6303 MT PLYMOUTH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-7IP

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