2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005756

FILED Apr 29, 2005 Secretary of State

Entity Name: HOLY TEMPLE HOUSE OF PRAYER CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1109 MAYF FORT PIEF	FLOWER RCE, FL 3495	0 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2131 ELM SUITE D-8 NASHVILL		US			
FEI Number:	: 65-0521613	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
1109 MÁYF	EV. ALVIN E. I FLOWER AVE RCE, FL 3495				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () MILLER, ALVIN 1109 MAYFLOV FT. PIERCE, FL	VER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete CLARK, ANGELA 6443 N.W. REGAL CIRCLE PORT SAINT LUCIE, FL 34983 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RHYANT, JERO 2313 SE SAPHI	Delete ME REV RE TERRERANCE JCIE, FL 34952 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NEWTON, MAR 1703 N.E. 4TH OKEECHOBEE	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MILLER, ELIZA 1109 MAY FLO FORT PIERCE,	WER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MILLER, ROBE 1109 MAYFLOV FORT PIERCE,	VER	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALVIN E. MILLER, SR. DP 04/29/2005