


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001840
 1. Entity Name
 GOD'S COVENANT HOUSE OF PRAYER, INC.



Principal Place of Business Mailing Address
 4626 S PIPKIN RD 5995 WHITE TAIL LP
 LAKELAND, FL 33811 LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3313321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EDDINGS, MYRL R
 5995 WHITE TAIL LOOP
 LAKELAND, FL 33811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDDINGS, MYRL R 5995 WHITE TAIL LOOP LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDDINGS, EDNA 5995 WHITE TAIL LOOP LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDINGS, MICHAEL R P.O. BOX 83 MCINTOSH, AL 36553
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000228957
 02/14/05-80058-122 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrl R Eddings 2-10-05 863-668-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #