


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
**4626 S PIPKIN RD
LAKELAND, FL 33811**

Mailing Address
**5995 WHITE TAIL LP
LAKELAND, FL 33811**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-3313321 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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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04/22/06-80049-020 61.25

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrl R. Eddings **4-4-2006** 813-668-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #