

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002008

FILED
Apr 30, 2008
Secretary of State

Entity Name: UPCOMING MINISTRIES INTERNATIONAL HOUSE OF PRAYER INC.

Current Principal Place of Business:

UCMJ INTERNATIONAL HOUSE OF PRAYER
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

13027 DEEP RIVER WAY
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, MICHAEL J
13027 DEEP RIVER WAY
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, MICHAEL J PASTOR
Address: 13027 DEEP RIVER WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: BD () Delete
Name: ROBINSON, JOHN D
Address: 8065 MATTIE MCCOY LANE
City-St-Zip: WINSTON, GA 30187

Title: D () Delete
Name: CAMPBELL, VALARIE D
Address: 13027 DEEP RIVER WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: WEATHERSPOON, FRANKLIN L
Address: 3811 AUTUMN LEAF COURT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J. CAMPBELL

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date