

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000004030



1. Entity Name
COMMUNITY HOUSE OF PRAYER OUTREACH MINISTRY
INCORPORATION

Principal Place of Business
308 SE ARNETT AVE
MADISON, FL 32340

Mailing Address
308 SE ARNETT AVE
MADISON, FL 32340

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02272008 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number
59-3406409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, MARY ALICE
RT. 5 BOX 6880
MADISON, FL 32340

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
City _____ Zip Code **FL**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JACKSON, MARY ALICE
STREET ADDRESS RT. 5 BOX 6880
CITY-ST-ZIP MADISON, FL 32340

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME MILTON, TYWANDA
STREET ADDRESS 420 BUNKER ST
CITY-ST-ZIP MADISON, FL 32340

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME JACKSON, WILLIE
STREET ADDRESS RT. 5 BOX 6880
CITY-ST-ZIP MADISON, FL 32340

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME STROUGHTEN, HATTIE W
STREET ADDRESS RT 5 BOX 6878
CITY-ST-ZIP MADISON, FL 32340

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME ALLEN, CAROLINE D
STREET ADDRESS 1711 COLDWATER ST
CITY-ST-ZIP LAKE CITY, FL 32055

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME MCCRAY, EDWARD B
STREET ADDRESS RT 7 BOX 519
CITY-ST-ZIP LAKE CITY, FL 32055

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Mary Alice Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08

Date

Daytime Phone #

Mary Alice Jackson



04-04-2008 90016 015 ****61.25

**FILED
Apr 04, 2008 8:00 am
Secretary of State**