2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N96000004030

Entity Name: COMMUNITY HOUSE OF PRAYER OUTREACH MINISTRY INCORPORATION

Current Principal Place of Business:

308 SE ARNETT AVE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

308 SE ARNETT AVE
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-3406409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, MARY ALICE
RT. 5 BOX 6880
MADISON, FL 32340 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: P ( ) Delete
Name: JACKSON, MARY ALICE
Address: RT. 5 BOX 6880
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete
Name: MILTON, TYWANDA
Address: 420 BUNKER ST
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete
Name: JACKSON, WILLIE
Address: RT. 5 BOX 6880
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete
Name: STROUGHTEN, HATTIE W
Address: RT 5 BOX 6878
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete
Name: ALLEN, CAROLINE D
Address: 1711 COLDWATER ST
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: MCCRAY, EDWARD B
Address: RT 7 BOX 519
City-St-Zip: LAKE CITY, FL 32055

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:

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: MARY ALICE JACKSON P 04/27/2009

Electronic Signature of Signing Officer or Director — Date