

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005807

FILED
Jul 15, 2005
Secretary of State

Entity Name: OUR HOUSE OF PRAYER, INCORPORATED

Current Principal Place of Business:

3319 ROYAL ASCOT RUN
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

3319 ROYAL ASCOT RUN
GOTHA, FL 34734

New Mailing Address:

FEI Number: 59-3418485 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAROLD E DIXON SR V.P.
1444 VICTORIA BLVD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

HAROLD E DIXON SR V.P.
823 TOPAZ DR
ROCKLEDGE, FL 32955 US

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: _____

07/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, HAROLD E SR.
Address: 823 TOPAZ DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LAL, SANDIP K
Address: 3319 ROYAL ASCOT RUN
City-St-Zip: GOTHA, FL 34734

Title: D () Delete
Name: WILLIS, RANDY D
Address: 1403 HIGH GROVE WAY
City-St-Zip: ORLANDO, FL 32818

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAROLD E. DIXON, SR.

D

07/15/2005

Electronic Signature of Signing Officer or Director

Date