## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
1. Entity Nar	MENT # N96000005		Secretary of State				
OURHO	OUSE OF PRAYER, INCORPO	DRATED					
<b>{</b>	ce of Business	Mailing Address	<u> </u>				
GOTHA, FL	LASCOT RUN 34734	3319 ROYAL ASCOT RUN GOTHA, FL 34734			•		
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				01272006 No Chg-NP CR2E037 (11/05)			
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		CRECOST (11	Applied For
			The state of the s	59-341	8485	<b>58.7</b> 5	Not Applicable  Additional
May Sifts 1 as	6. Name and Address of Current Re	Colored Agent	Edition Company (Company Company Compa	5. Certificate	of Status Desired	Fee Re	
HAROLD	E DIXON SR V.P.	-		DO	NOT W	DITE	A STATE OF THE STA
823 TOPAZ DR ROCKLEDGE, FL 32955				For the state of the first of the	The state of the s		
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The above named entity submits this statement for the purpose of changing its registered office or registered.					th, in the State of Flo	rida. I am familiar	with, and accept
the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and	ed Agent signature required	when reinstating)		DATE	<del>_</del>	
	Filing Fee is \$61.25 Due by May 1, 2006	S. Election Campaign Fina     Trust Fund Contribution		OO May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					And the second s
TITLE NAME	DIXON, HAROLD E SR.						
STREET ADDRESS CITY-ST-ZIP	823 TOPAZ DR ROCKLEDGE, FL 32955		1 year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tiono	1410138 -80022-013	
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NAME							
STREET ADDRESS	}		As a Section		Stranger - Salar	- State of the sta	and well and

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I turther 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.

(32) 720 - 4990 (4)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;