

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003743

FILED
Apr 25, 2007
Secretary of State

Entity Name: ST. PAUL HOUSE OF PRAYER OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

BERRY STREET
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 202
JENNINGS, FL 32053

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DANIELS, KENNETH S
BERRY STREET
JENNINGS, FL 32053 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: DP () Delete
Name: DANIELS, KENNETH S
Address: P.O. BOX 202 / BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: CATO, WILLARD
Address: 808 NE 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: DS () Delete
Name: DANIELS, BERTHA
Address: P.O. BOX 202 / BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: DANIELS, ESTER
Address: P.O. BOX 372 / BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: DANIELS, QUEEN Y
Address: PO BOX 372 BERRY ST
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: MILTON, DOROTHY
Address: 121 NW 16 AVE.
City-St-Zip: JASPER, FL 32052

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
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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: KENNETH S, DANIELS

DP

04/25/2007

Electronic Signature of Signing Officer or Director

Date