2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

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

Current Principal Place of Business:

1481 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 (X)**

Name and Address of Current Registered Agent:

DANIELS, KENNETH S SR.
1481BERRY 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
Name: DANIELS, KENNETH S SR.
Address: P.O. BOX 202 / BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: DANIELS, WILLIE P SR
Address: 1077 GEORGIA ST
City-St-Zip: JENNINGS, FL 32053

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

Title: D
Name: DANIELS, QUEEN E
Address: P.O. BOX 372 / BERRY STREET
City-St-Zip: JENNINGS, FL 32053

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

Title: D
Name: DANIELS, JAMES R
Address: 1421 129 HWT. NW
City-St-Zip: JASPER, FL 32052

I hereby 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 all other like empowered.

SIGNATURE: KENNETH S DANIELS DP 02/10/2011
Electronic Signature of Signing Officer or Director Date