

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 050 ****61.25

DOCUMENT # N98000004096	
1. Entity Name THE APOPKA HOUSE OF PRAYER & FAITH INC.	

Principal Place of Business 4244 EAST 5TH STREET APOPKA, FL 32703	Mailing Address P.O. BOX 454 APOPKA, FL 32704
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50065151



2. Principal Place of Business 420 S Park Avenue	3. Mailing Address 538 Mainline Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

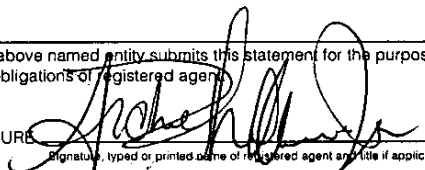
08262005 Chg-NP CR2E037 (10/03)

City & State Apopka FL	City & State Apopka FL
Zip 32703	Zip 32712
Country Orange	Country Orange

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

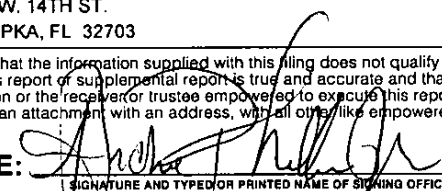
6. Name and Address of Current Registered Agent MAYS, DOTSEY 205 W. 14TH ST. APOPKA, FL 32703

7. Name and Address of New Registered Agent Name Archie Phillips, Jr. Street Address (P.O. Box Number is Not Acceptable) 538 Mainline Blvd City Apopka FL Zip Code 32712

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 8/26/05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVT PYROR, KIMBERLY 211 W. 15TH ST. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Archie Phillips, Jr. 538 Mainline Blvd Apopka FL 32712 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CARKR, LASHAY 205 W. 14TH ST. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tamarrah Phillips 538 Mainline Blvd Apopka FL 32712 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYS, DOTSEY 205 W. 14TH ST. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TYLER, JOHNNY 424 W. 5TH ST. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTE, ELIZABETH 1244 ELINORE DR ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, SHAWNITA 205 W. 14TH ST. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
SIGNATURE: 	DATE 8/26/05 DAYTIME PHONE # 407 893-1357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	