## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 07, 2005 8:00 am Secretary of State DOCUMENT # N98000006791 1. Entity Name 02-07-2005 90061 011 \*\*\*\*61.25 HOUSE OF PRAYER ECONOMIC DEVELOPMENT, INC. Principal Place of Business Mailing Address 801 2ND STREET 919 W 9TH STREET LAKELAND FL 33805 LAKELAND FL 33805 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FFI Number Applied For City & State NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, WALTER J Street Address (P.O. Box Number is Not Acceptable) 919 W 9TH ST6 LAKELAND FL 33805 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 70% FX 1888 FX 187 1888 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 secretary TITLE ☐ Delete TITLE Helen Brown WRIGHT, WALTER J NAME 1418 14th Apt. B 919 W 9 STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE HOTALL TAY/OF WRIGHT, LISA 240 N. Chest Nut Rd 919 W 9 STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE ROGERS, RUDY NAME NAME 803 MLK JR BLVD EAST STREET ADDRESS STREET ADDRESS. PLANT CITY FL 33563 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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.

CER OR DIRECTOR

**FILED**