

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90022 001 ***183.75

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1. Entity Name
HOUSE OF PRAYER ECONOMIC DEVELOPMENT, INC.



Principal Place of Business
**801 2ND STREET
LAKELAND, FL 33805**

Mailing Address
**919 W 9TH STREET
LAKELAND, FL 33805**

66001247



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**WRIGHT, WALTER J
919 W 9TH ST6
LAKELAND, FL 33805**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, WALTER J 919 W 9 STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, LISA 919 W 9 STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, RUDY 803 MLK JR BLVD EAST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, HELEN 1418 14TH APT B LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, HORACE 240 N CHESTNUT RD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walter J Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Feb. 08 (863) 712-3486
Date Daytime Phone #