

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

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90066 020 ****70.00

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1. Entity Name

HOUSE OF PRAYER AND PRAISE MINISTRIES, INC.



Principal Place of Business

HIGHWAY 441 SOUTH
LAKE CITY FL 32024
US

Mailing Address

1441 S W CARL WILSON ROAD
FORT WHITE FL 32038
US

2. Principal Place of Business

1441 S.W. Carl Wilson Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort White, Florida

Zip
32038

Country
Columbia

Zip

Country

4. FEI Number

59-3560549

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

PENDERGRAST, NANNETTE
1441 S W CARL WILSON ROAD
FT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Nannette Pendergrast Nannette Pendergrast

3-25-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PENDERGRAST, LARRY
STREET ADDRESS 1441 S W CARL WILSON ROAD
CITY-ST-ZIP FORT WHITE FL 32038

TITLE D ☐ Delete
NAME VOYLES, ROBERT
STREET ADDRESS PO BOX 357
CITY-ST-ZIP GAINESVILLE FL 32602

TITLE D ☐ Delete
NAME VOYLES, ALICE
STREET ADDRESS PO BOX 357
CITY-ST-ZIP GAINESVILLE FL 32602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-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.

SIGNATURE: Nannette Pendergrast

Nannette Pendergrast

3-25-05

386-758-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #