


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # N99000001844 1. Entity Name JESUS HOUSE OF PRAYER, INC.	
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Principal Place of Business 9516 ABERDARE AVE. JACKSONVILLE, FL 32208	Mailing Address 9516 ABERDARE AVE. JACKSONVILLE, FL 32208
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04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, ROBERT E 9516 ABERDARE AVE. JACKSONVILLE, FL 32208

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000112823 04/14/04-80039-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, ROBERT E 9516 ABERDARE AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, MATTIE L 9516 ABERDARE AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREENE, REGINA W 2600 AET MUSEUS DR., APT. 75 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREENE, DANNY S 2600 ART MUSEUM DR., APT. 75 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/12/04 Daytime Phone # (904) 766-0658
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