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200[4] NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001844

1. Entity Name
JESUS HOUSE OF PRAYER, INC.

FILED
05 JAN 20 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9516 ABERDARE AVE. JACKSONVILLE, FL 32208	9516 ABERDARE AVE. JACKSONVILLE, FL 32208

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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3632848
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT E
9516 ABERDARE AVE.
JACKSONVILLE, FL 32208

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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 Robert Earl Johnson DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, ROBERT E
STREET ADDRESS	9516 ABERDARE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VD
NAME	JOHNSON, MATTIE L
STREET ADDRESS	9516 ABERDARE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	GREENE, REGINA W
STREET ADDRESS	2600 AET MUSEUS DR., APT. 75
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	GREENE, DANNY S
STREET ADDRESS	2600 ART MUSEUM DR.,APT. 75
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300045552203
01/28/05--01010--016 **61.25

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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: Robert Earl Johnson 01/17/05 1-904-766-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #