2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001844

1. Entity Name
JESUS HOUSE OF PRAYER, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

03242006   Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
59-3632848	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ROBERT E 9516 ABERDARE AVE. JACKSONVILLE, FL 32208	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 _____

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, 2006**	**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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	-	☐ Change	☐ Addition
NAME	JOHNSON, ROBERT E		NAME			
STREET ADDRESS	9516 ABERDARE AVE.		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JOHNSON, MATTIE L		NAME			
STREET ADDRESS	9516 ABERDARE AVE.		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GREENE, REGINA W		NAME			
STREET ADDRESS	2600 AET MUSEUS DR., APT. 75		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GREENE, DANNY S		NAME			
STREET ADDRESS	2600 ART MUSEUM DR.,APT. 75		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____ 3/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #