


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90004 031 \*\*\*\*70.50

<b>DOCUMENT # N99000006096</b>					
<b>1. Entity Name</b> HOUSE OF PRAYER PENTECOSTAL INTERDENOMINATIONAL, INC.					
<b>Principal Place of Business</b> 7971 GRIFFITH AVE PENSACOLA, FL 32534			<b>Mailing Address</b> 7971 GRIFFITH AVE PENSACOLA, FL 32534		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-1251622	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROWN, FRANCISCA 7971 GRIFFITH AVE PENSACOLA, FL 32534			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> <i>Francisca Brown</i>		<i>Francisca Brown</i>		08-31-07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> BROWN, FRANCISCA PASTOR <b>STREET ADDRESS</b> 7971 GRIFFITH AVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32534	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FRANCIS, VICTORIA COPASTO <b>STREET ADDRESS</b> 4331 COLDSPRING DR <b>CITY-ST-ZIP</b> PENSACOLA, FL 32514	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> COKER, THEODIS <b>STREET ADDRESS</b> 4331 COLDSPRING DR <b>CITY-ST-ZIP</b> PENSACOLA, FL 32514	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> GREEN, VANESSA EVAN <b>STREET ADDRESS</b> 7971 GRIFFITH AVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32534	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> BROWN, JERRY DEACON <b>STREET ADDRESS</b> 7971 GRIFFITH AVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32534	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> FRANCIS, MICHAEL DEACON <b>STREET ADDRESS</b> 4331 COLDSPRING DR <b>CITY-ST-ZIP</b> PENSACOLA, FL 32514	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Francisca Brown</i>			<i>Francisca Brown</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 08-31-07		
			Daytime Phone #: 475-5805		