

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006096

1. Entity Name
HOUSE OF PRAYER PENTECOSTAL
INTERDENOMINATIONAL, INC.



FILED

08 SEP 19 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7971 GRIFFITH AVE
PENSACOLA, FL 32534

Mailing Address
7971 GRIFFITH AVE
PENSACOLA, FL 32534



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
26-1251622

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BROWN, FRANCISCA
7971 GRIFFITH AVE
PENSACOLA, FL 32534

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

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 September 12, 2008

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 P ☐ Delete
NAME BROWN, FRANCISCA PASTOR
STREET ADDRESS 7971 GRIFFITH AVE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE T ☐ Delete
NAME FRANCIS, VICTORIA COPASTO
STREET ADDRESS 4331 COLDSPRING DR
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE S ☐ Delete
NAME COKER, THEODIS
STREET ADDRESS 4331 COLDSPRING DR
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE TR ☐ Delete
NAME GREEN, VANESSA EVAN
STREET ADDRESS 7971 GRIFFITH AVE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE TR ☐ Delete
NAME BROWN, JERRY DEACON
STREET ADDRESS 7971 GRIFFITH AVE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE TR ☐ Delete
NAME FRANCIS, MICHAEL DEACON
STREET ADDRESS 4331 COLDSPRING DR
CITY-ST-ZIP PENSACOLA, FL 32514

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100136520441
STREET ADDRESS 10/01/08--01024--019 **62.00
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-19-08 475-5805