

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49967 (5)

1. Corporation Name
HOLY TEMPLE HOUSE OF PRAYER CENTER INC.



Principal Place of Business: 1902 N 37TH ST FT PIERCE FL 34947
Mailing Address: 1601 GLENCOVE AVE. PALM BAY FL 32901 US

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 214 EMERSON Dr
22 #3
23 Palm Bay, FL
24 32907
25 BREVARD
2a. Mailing Address: 26 1601 GLENCOVE AVE
27
28 Palm Bay, F
29 32907
30

4. FEI Number: 59-3138184
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GREEN, HATTIE
3477 SE JUPITER BLVD.
PALM BAY FL 32909

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORDON, ETHEL	
STREET ADDRESS	1902 N. 37TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUMMONS, PANDORA	
STREET ADDRESS	1601 GLENCOVE AVE.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIBLACK, BETTY	
STREET ADDRESS	1307 AVE. E APT A.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ELIZABETH	
STREET ADDRESS	1902 N. 37TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIMMONS, PANDORA	
2.3 STREET ADDRESS	1601 GLENCOVE AVE.	
2.4 CITY-ST-ZIP	PALM BAY, FLORIDA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONNA ALESSAN	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALESSAN DO, Donna	
5.3 STREET ADDRESS	11087 JACIN TO AVE NW	
5.4 CITY-ST-ZIP	PALM BAY, FL 32907	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: PANDORA SIMMONS 23 Apr 96 407-724-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)