

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49967** (5)

1. Corporation Name

HOLY TEMPLE HOUSE OF PRAYER CENTER INC.



Principal Place of Business	Mailing Address
214 EMERSON DR. 3 PALM BAY FL 32907 US	1801 GLENCOVE AVENUE PALM BAY FL 32907 US

3. Date Incorporated or Qualified	07/17/1992
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4. FEI Number	59-3138184	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Hattie Green
82 Street Address (P.O. Box Number is Not Acceptable) 906 Spring St
83
84 City Palm Bay FL 85 Zip Code 32907

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GORDON, ETHEL	1.2 NAME	PANDORA SIMMONS
STREET ADDRESS	1902 N. 37TH ST.	1.3 STREET ADDRESS	1601 GLENCOVE AVE
CITY-ST-ZIP	FT. PIERCE FL 34947	1.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	VD	2.1 TITLE	VD
NAME	SIMMONS, PANDORA	2.2 NAME	ETHEL GORDON
STREET ADDRESS	1801 GLENCOVE AVE.	2.3 STREET ADDRESS	1902 N 37th St
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	FT Pierce, FL 34947
TITLE	D	3.1 TITLE	
NAME	NIBLACK, BETTY	3.2 NAME	
STREET ADDRESS	1307 AVE. E APT A.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ALESSADRO, DONNA	4.2 NAME	
STREET ADDRESS	1687 JACINTO AVE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	Bail Pressley
STREET ADDRESS		5.3 STREET ADDRESS	158 Chicory Ave NE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	Change	<input checked="" type="checkbox"/>
1.2 NAME	PANDORA SIMMONS	Addition	<input type="checkbox"/>
1.3 STREET ADDRESS	1601 GLENCOVE AVE		
1.4 CITY-ST-ZIP	Palm Bay, FL 32907		
2.1 TITLE	VD	Change	<input checked="" type="checkbox"/>
2.2 NAME	ETHEL GORDON	Addition	<input type="checkbox"/>
2.3 STREET ADDRESS	1902 N 37th St		
2.4 CITY-ST-ZIP	FT Pierce, FL 34947		
3.1 TITLE		Change	<input type="checkbox"/>
3.2 NAME		Addition	<input type="checkbox"/>
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	<input type="checkbox"/>
4.2 NAME		Addition	<input type="checkbox"/>
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	<input type="checkbox"/>
5.2 NAME	Bail Pressley	Addition	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS	158 Chicory Ave NE		
5.4 CITY-ST-ZIP	Palm Bay, FL 32907		
6.1 TITLE		Change	<input type="checkbox"/>
6.2 NAME		Addition	<input type="checkbox"/>
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *Donna Alessandro* DONNA ALESSANDRO 30 April 98 (407) 676-3902

CR2E037 (10/97)