CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:08

DOCUMENT # N94000000318 (5)

1. Corporation Name

PENTECOSTAL HOUSE OF PRAYER CHURCH ON THE MOVE F OR CHRIST, INC.

Principal Place of Business	Mailing Address
30714 SW 188 CT HOMESTEAD FL 33030	30714 SW 188 CT HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-056 7885 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 30714 SW 188TH Court Homestead Fla	26 Homestead Fla 33030
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CHOOS, S. SCOTT
15600 SW 288 ST
SUITE 312
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name: Charles McCormick
82 Street Address (P.O. Box Number Is Not Acceptable): 30714 SW 188TH Court
83
84 City: Homestead FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles McCormick 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, CHARLES	12 NAME	
STREET ADDRESS	30714 SW 188 CT	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, MISSOURI	22 NAME	
STREET ADDRESS	30714 SW 188 CT	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, MARY	32 NAME	
STREET ADDRESS	317 SW 7 ST	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, SAMPSON	42 NAME	
STREET ADDRESS	317 SW 7 ST	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Charles McCormick 4-24-95 (305) 247-6548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038780