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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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 188TH COURT HOMESTEAD FL 33030 US	30714 SW 188 CT HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 01/24/1994

4. FEI Number: 65-0567885 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMICK, CHARLES 30714 SW 188TH COURT SUITE 312 HOMESTEAD FL 33033	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 Charles McCormick Charles McCormick — DATE 5-9-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	MCCORMICK, CHARLES		1.2 NAME	
STREET ADDRESS	30714 SW 188 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	MCCORMICK, MISSOURI		2.2 NAME	
STREET ADDRESS	30714 SW 188 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MCCORMICK, MARY		3.2 NAME	STANLY WOODS
STREET ADDRESS	317 SW 7 ST		3.3 STREET ADDRESS	11850 SW 221 ST
CITY-ST-ZIP	HOMESTEAD FL 33030		3.4 CITY-ST-ZIP	GOULDS, FL 33170
TITLE	D	☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	MCCORMICK, SAMPSON		4.2 NAME	THELMA MCGILL
STREET ADDRESS	317 SW 7 ST		4.3 STREET ADDRESS	316 SW 6 CT APT #3
CITY-ST-ZIP	HOMESTEAD FL 33030		4.4 CITY-ST-ZIP	HMST FLA 33030
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LINDA RANKINS		5.2 NAME	
STREET ADDRESS	393 NW 3RD AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: C. McCormick 5/9/98 (305) 247 6548

CR2E037 (10/97)