

FILE NOW: FILING FEE IS \$61.25

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May 06 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 # N94000001415 (8)

HOUSE OF PRAYER MINISTRIES OF GOD, INC.



Principal Place of Business: 4111 NW 22ND AVE, MIAMI FL 33147, US
 Mailing Address: 17210 N.W. 43RD. COURT, OPA LOCKA FL 33055

3. Date Incorporated or Qualified: 03/21/1994
 4. FEI Number: 65-0480466
 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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CARTER, VIRGINIA, 17210 N.W. 43RD. COURT, OPA LOCKA FL 33055

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	CARTER, VIRGINIA	
STREET ADDRESS	17210 N.W. 43RD. COURT	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, PORTIA	
STREET ADDRESS	4811 NW 175 TERRACE	
CITY-ST-ZIP	OPA LOCCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JOHN	
STREET ADDRESS	17131 N.W. 44TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33055	
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	V/D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARTER EDWARD L.	
1.3 STREET ADDRESS	17210 N.W. 43RD CT	
1.4 CITY-ST-ZIP	OPA LOCKA FL 33055	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GILCREASE SHERRIA	
2.3 STREET ADDRESS	17210 N.W. 43RD CT	
2.4 CITY-ST-ZIP	OPA LOCKA FL 33055	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GILCREASE LEUI	
3.3 STREET ADDRESS	17210 N.W. 43RD CT	
3.4 CITY-ST-ZIP	OPA LOCKA FL 33055	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JONES Willio James	
4.3 STREET ADDRESS	2261 N.W. 58 STREET	
4.4 CITY-ST-ZIP	MIAMI FLORIDA 33142	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Virginia Carter* x 4-27-98

CR2E037 (10/97)