

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010914

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC5533554518**

**Entity Name:** SUPERNATURAL HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

1764 NW FEDERAL HIGHWAY  
STUART, FL 34994

**Current Mailing Address:**

1764 NW FEDERAL HIGHWAY  
STUART, FL 34994

**FEI Number:** 47-2431361

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FENLASON, ROCHELLE  
1764 NW FEDERAL HWY  
STUART, FL 34994 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name HARM, MATTHEW  
Address 1573 SW HERDER RD  
City-State-Zip: PORT ST LUCIE FL 34953

Title VP  
Name HARM, GLEN  
Address 1573 SW HERDER RD  
City-State-Zip: PORT ST LUCIE 34953

Title TR  
Name FENLASON, JARRED  
Address 2949 SE FARLEY RD  
City-State-Zip: PORT ST LUCIE FL 34952

Title SEC  
Name FENLASON, SUZANNE  
Address 671 BLACK BEAR CV  
City-State-Zip: CLYDE NC 28721

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JARRED FENLASON

**TREASURER**

**02/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date