

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49967

**Entity Name:** HOLY TEMPLE HOUSE OF PRAYER CENTER INC.

**Current Principal Place of Business:**

214 EMERSON DR  
2  
PALM BAY, FL 32907

**Current Mailing Address:**

1687 JACINTO AVE NW  
PALM BAY, FL 32907

**FEI Number: 59-3138184**

**Certificate of Status Desired: Yes**

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

GREEN, HATTIE  
128 WISHINGWELL CIRCLE  
PALM BAY, FL 32908 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 PD  
Name SIMMONS, PANDORA  
Address 965 BUFORD ST NW  
City-State-Zip: PALM BAY FL 32907

Title VPD  
Name NIBLACK, BETTY  
Address 1902 N. 37TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title D  
Name PRESSLEY, GAIL  
Address 158 CHICORY AVENUE N.E.  
City-State-Zip: PALM BAY FL 32909

Title S  
Name ALESSANDRO, DONNA  
Address 1687 JACINTO AVE NW  
City-State-Zip: PALM BAY FL 32907-8680

*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: DONNA ALESSANDRO**

**SECRETARY**

**01/21/2018**

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

\_\_\_\_\_  
Date