

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 714847 (1)

1. Corporation Name

HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

Principal Place of Business

5500 NW 4TH AVENUE
MIAMI FL 33127

Mailing Address

5500 NW 4TH AVENUE
MIAMI FL 33127



3. Date Incorporated or Qualified

06/28/1968

4. FEI Number

59-6170398

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

WATSON, ALBERT
5635 NW 11TH AVENUE
MIAMI FL 33127

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

5500 NW 4TH AVENUE

83

84

City

MIAMI

FL

85 Zip Code

33127

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME WATSON, ALBERT JR.

STREET ADDRESS 5635 NW 11TH AVE

CITY-ST-ZIP MIAMI FL

TITLE V/D ☐ DELETE

NAME WELCOME, L J

STREET ADDRESS 2445 NW 62ND ST

CITY-ST-ZIP MIAMI FL

TITLE S/D ☒ DELETE

NAME DICKS, SUZANNE

STREET ADDRESS 2445 NW 62ND ST

CITY-ST-ZIP MIAMI FL

TITLE T/D ☒ DELETE

NAME WATSON, ROSETTA

STREET ADDRESS 5500 NW 4TH AVE

CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME WELCOME, L.J.

STREET ADDRESS 2445 NW 62ND ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Albert Watson, Jr.

ALBERT WATSON, JR.

4/26/98 (305) 836-1210

CR2E037 (10/97)