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Feb 18, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714847**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **26** **27** **28** **29** **30**
9. Name and Address of Current Registered Agent
WATSON, ALBERT
5500 NW 4TH AVENUE
MIAMI FL 33127

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/28/1968

4. FEI Number
59-6170398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME **P/D**
STREET ADDRESS **WATSON, ALBERT JR.**
CITY-ST-ZIP **5500 NW 4TH AVENUE**
MIAMI FL 33127

TITLE ☐ DELETE
NAME **V/D**
STREET ADDRESS **WELCOME, L J**
CITY-ST-ZIP **2445 NW 62ND ST**
MIAMI FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WATSON, ANGEL**
CITY-ST-ZIP **2445 NW 62ND ST**
MIAMI FL 33147

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WATSON, GWENDOLYN**
CITY-ST-ZIP **5500 NW 4TH AVE**
MIAMI FL 33127

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CAMPFIELD, JOHNNIE L**
CITY-ST-ZIP **2445 NW 62ND ST**
MIAMI FL 33147

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 305-8361210

CR2E037 (11/98)