

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 714847

1. Entity Name
HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.



Principal Place of Business
**2445 N.W. 62ND STREET
MIAMI, FL 33147**

Mailing Address
**1005 NE 92 STREET
MIAMI SHORES, FL 33138**



06302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6170398

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, ALBERT
1005 NE 92 ST
MIAMI SHORES, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000163032
07/02/04-80001-013 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WATSON, ALBERT JR. 1005 NE 92 STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CURRY, JAMES 2445 W. 62 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINSON, CONNIE 2445 NW 62 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, GWENDOLYN 2445 NW 62 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LEVOID 2445 NW 62ND ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

Date

305-836-1210

Daytime Phone #