

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717440 (2) 1. Corporation Name THE HOUSE OF PRAYER, INC.					
Principal Place of Business 7205 52ND ST., N. P.O. BOX 2256 PINELLAS PARK FL 34665		Mailing Address 7205 52ND ST., N. P.O. BOX 2256 PINELLAS PARK FL 34665			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/28/1969 4. FEI Number 59-2399683 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 DURSPEK, DENNIS 6238 33RD STREET NORTH ST. PETERSBURG FL 33702				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S BURKE, BETTY 3750-68TH AVENUE N. PINELLAS PARK FL ☐ DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T SWAILS, DEBORAH 6322-33RD WAY N. ST PETERSBURG FL ☐ DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FEICHTNER, JAY 5510 48 AVE. N. ST. PETERSBURG FL ☐ DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SWAILS, CLEARENCE 6322 33 WAY NORTH ST. PETERSBURG FL ☐ DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MORGAN, THOMAS 43ST 70 AVE N PINNELLAS PARK FL ☐ DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition			
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.					
SIGNATURE: <u>Betty Burke</u> 1-13-98 813-526-3091					

CR2E037 (10/97)