02101999-90043-009-$61.75-$61.75

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 MAR -8 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # 733763

1. Corporation Name
THE HOUSE OF PRAYER PENTECOST CHURCH, INC.

Principal Place of Business	Mailing Address
3902 AVENUE S FT PIERCE FL 34947-5645	3902 AVENUE S FT PIERCE FL 34947-5645

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/05/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1631011 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KELLAM, SABRINA LYLES
3902 AVENUE S
FORT PIERCE FL 34947

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	RICHARDSON, LEOLA		1.2 NAME	Sabrina Lyles Kellam	
STREET ADDRESS	3902 AVE. S.		1.3 STREET ADDRESS	3902 Ave. S.	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	FP, FL. 34947	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, MABEL		2.2 NAME		
STREET ADDRESS	431 N. 20TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JOE		3.2 NAME		
STREET ADDRESS	3902 AVE. S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILLS, BERTHA		4.2 NAME		
STREET ADDRESS	1406 N. 22ND ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKINLEY, BEATRICE		5.2 NAME		
STREET ADDRESS	1509 N. 39TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Sabrina Lyles Kellam 01/09/99 (561)461-8470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #