

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750819** (5)

1. Corporation Name

**INTERNATIONAL PENTECOSTAL CITY MISSION PRAYER CE
NTER OF FLORIDA, INC.**

Principal Place of Business: 856 NW 29 ST. MIAMI FL 33127
Mailing Address: 856 NW 29 ST. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1980	3a. Date of Last Report 07/20/1994
4. FCI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt # etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**SMELLIE, REVEREND ENID A.
913 NORTHWEST 29TH TERRACE
MIAMI FL 33127**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required)

Signature of New Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE	PD
12 NAME	WALTERS, BSHP. DELROSE L.
13 STREET ADDRESS	913 N.W. 29TH TERRACE
14 CITY, ST, ZIP	MIAMI FL
21 TITLE	VD
22 NAME	JONES, BISHOP BALZILLA E.
23 STREET ADDRESS	913 N.W. 29TH TERRACE
24 CITY, ST, ZIP	MIAMI FL
31 TITLE	SD
32 NAME	DORSEY, BISHOP ODELINE W.
33 STREET ADDRESS	913 N.W. 29TH TERRACE
34 CITY, ST, ZIP	MIAMI FL
41 TITLE	TD
42 NAME	SMELLIE, MISSIONY ENID A.
43 STREET ADDRESS	913 N.W. 29TH TERRACE
44 CITY, ST, ZIP	MIAMI FL
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD
43 STREET ADDRESS	SMELLIE, REVEREND ENID A.
44 CITY, ST, ZIP	913 N.W. 29 TERRACE MIAMI FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.07(c)(4)(k), Florida Statutes. I further certify that the information contained 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:

Enid Smellie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV ENID A. Smellie (11)

11/29/95

13015 634-1121
Tallahassee