

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
TABERNACLE OF PRAYER INC
758820

Principal Place of Business Mailing Address
2401 N. TAMARIND AVE WEST PALM BEACH FL 33407
P.O BOX 3722 WEST PALM BEACH FLORIDA 33402

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

3. Date Incorporated or Qualified
JULY 1981

4. FEI Number 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**

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
DARREL WESCO
124 MARTIN CIRCLE
ROYAL PALM BEACH, FLORIDA
33411

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 **Rev. Darrel Wesco** DATE **5-18-98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	DARREL WESCO	
STREET ADDRESS	124 MARTIN CIRCLE	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	WILLIAMS STANLEY	
STREET ADDRESS	1478 PALM Bch Lake BLVD	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	D. Rector, Preside	<input type="checkbox"/> DELETE
NAME	JACKIE SUFF	
STREET ADDRESS	6400 E Red Pine Lane	
CITY-ST-ZIP	West PALM Bch. FL 33415	
TITLE	Secty Rector	<input type="checkbox"/> DELETE
NAME	Joseph Underwood	
STREET ADDRESS	1832 Longway Dr	
CITY-ST-ZIP	West PALM Bch. FL 33415	
TITLE	D. Rector	<input type="checkbox"/> DELETE
NAME	Nigel Allum	
STREET ADDRESS	417 56th St	
CITY-ST-ZIP	West PALM Bch. FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002547896
6.3 STREET ADDRESS	-06/04/98--01070--035
6.4 CITY-ST-ZIP	***61.25

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: **Rev. DARREL WESCO** DATE: **5-18-98**

CFR2E037 (10/97)