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06-01-1999 90017 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 758820

1. Corporation Name

TABERNACLE OF PRAYER, INC.

Principal Place of Business

2401 N. TAMERIND AVE.
 W. PALM BCH FL 33407

Mailing Address

P.O. BOX 3722
 W. PALM BEACH FL 33402



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1981

4. FEI Number

59-2110862

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

9. Name and Address of Current Registered Agent

WESCO, DARREL
 124 MARTIN CIR.
 ROYAL PALM BEACH FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

P
 NAME WESCO, DARREL
 STREET ADDRESS 124 MARTIN CIRCLE
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE DELETE

V
 NAME STANLEY, WILLARD
 STREET ADDRESS 1473 PALM BEACH LAKE BL
 CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE DELETE

TD
 NAME DUFF, JACKIE
 STREET ADDRESS 6455 C RED PINE LANE
 CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE DELETE

SD
 NAME UNDERWOOD, JOSHEPH
 STREET ADDRESS 5076 G SOCIETY PLACE WEST
 CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE DELETE

D
 NAME ALLUM, NIGEL
 STREET ADDRESS 417 56TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

D
 ALLUM, NIGEL
 6058 Blue Grass Circle
 Lake Worth Fl. 33463

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Nigel Allum
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-99 (561)
 198-8836
 Daytime Phone #

CR2E037 (1/198)