

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **763495** (9)
1. Corporation Name

THE HOUSE OF PRAYER OF THE LIVING GOD, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1536
705 BREEZEWOOD DRIVE
IMMOKALEE FL 33934

P.O. BOX 1536
705 BREEZEWOOD DRIVE
IMMOKALEE FL 33934

3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

76-3495900

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAVER, PETER F.
306 NO. 1ST ST.,
P.O. BOX 1571
IMMOKALEE FL 33934

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JENKINS, DOROTHY M.
705 BREEZEWOOD DRIVE
IMMOKALEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HALL, LOUISE
416 GAUNT ST
IMMOKALEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MARSHALL, WILLIE
3109-A WEST CLOX STREET
IMMOKALEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MD
JENKINS, BERNARD
705 BREEZEWOOD DRIVE
IMMOKALEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HALL, PATRICIA
416 GAUNT STREET
IMMOKALEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ARMSTRONG, SALLIE
SO. 11TH ST.,
IMMOKALEE FL

☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia Hall Patricia Hall 11/23/96 657-2385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013501

CR2E037 (3/96)