

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -6 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1982		3a. Date of Last Report 07/26/1996	
4. FEI Number 76-3495900		Applied For 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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30	
9. Name and Address of Current Registered Agent SHAVER, PETER F. 306 NO. 1ST ST., P.O. BOX 1571 IMMOKALEE FL 33934			10. Name and Address of New Registered Agent 81 Name DOROTHY M. JENKINS 82 Street Address (P.O. Box Number is Not Acceptable) 705 BREEZEWOOD DRIVE 83 84 City IMMOKALEE FL 85 Zip Code 33934		

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 *Dorothy M. Jenkins* DOROTHY M. JENKINS 9/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D/P
NAME	JENKINS, DOROTHY M.	1.2 NAME	000002315290--3
STREET ADDRESS	705 BREEZEWOOD DRIVE	1.3 STREET ADDRESS	-10/08/97--01094--001
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VD	2.1 TITLE	
NAME	HALL, LOUISE	2.2 NAME	
STREET ADDRESS	416 GAUNT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	D/V/S/T
NAME	MARSHALL, WILLIE	3.2 NAME	VICTORIA CARR
STREET ADDRESS	2400 A WEST CLOX STREET	3.3 STREET ADDRESS	619 N. 9th STREET
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	MD	4.1 TITLE	D/V
NAME	JENKINS, BERNARD	4.2 NAME	
STREET ADDRESS	705 BREEZEWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D/V
NAME	HALL, PATRICIA	5.2 NAME	GLENNA BURTON-ERWIN
STREET ADDRESS	416 GAUNT STREET	5.3 STREET ADDRESS	430 VALLEY DRIVE
CITY-ST-ZIP	IMMOKALEE FL	5.4 CITY-ST-ZIP	LEHIGH, FL 33936
TITLE	D	6.1 TITLE	V
NAME	ARMSTRONG, SALLIE	6.2 NAME	SALLIE ARMSTRONG
STREET ADDRESS	80 11TH ST.	6.3 STREET ADDRESS	SE 11th STREET
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	IMMOKALEE, FL 34142

14. I do 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: *Dorothy M. Jenkins* SIGNATURE REQUIRED 9/9/97 (941) 658-3055

CR2037 (4/97)