


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 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 # **763495** (9)
1. Corporation Name
THE HOUSE OF PRAYER OF THE LIVING GOD, INC.



Principal Place of Business P.O. BOX 1536 705 BREEZEWOOD DRIVE IMMOKALEE FL 33934	Mailing Address P.O. BOX 1536 705 BREEZEWOOD DRIVE IMMOKALEE FL 33934
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3. Date Incorporated or Qualified 06/01/1982	4. FEI Number 763495000-59-3491280	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENKINS, DOROTHY M
705 BREEZEWOOD DRIVE
IMMOKALEE FL 34142**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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*
Signature, typed or printed name of registered agent in title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, DOROTHY M	
STREET ADDRESS	705 BREEZEWOOD DRIVE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	CARR, VICTORIA	
STREET ADDRESS	819 N. 9TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENKINS, BERNARD	
STREET ADDRESS	705 BREEZEWOOD DRIVE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURTON-ERWIN, GLENDA	
STREET ADDRESS	420 VALLEY DRIVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, LUCILLE	
STREET ADDRESS	SE 11TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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.

SIGNATURE: *Dorothy M. Jenkins* **DOROTHY M. JENKINS** **4/29/98** **(941) 657-2385**

CR2E037 (10/97)