

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90084 033 ****70.00

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DOCUMENT # 763495

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/01/1982

4. FEI Number

59-3491280

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

JENKINS, DOROTHY M
705 BREEZEWOOD DRIVE
IMMOKALEE FL 34142

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

Dorothy M Jenkins

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

(NOTE: Registered Agent signature required when reinstating)

2/1/99

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

TITLE VSTD
NAME CARR, VICTORIA
STREET ADDRESS 619 N. 9TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142

DELETE

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

DELETE

TITLE VD
NAME BURTON-ERVIN, GLENDA
STREET ADDRESS 420 VALLEY DRIVE
CITY-ST-ZIP LEHIGH FL 33936

DELETE

TITLE V
NAME ARMSTRONG, LUCILLE
STREET ADDRESS SE 11TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Dorothy M Jenkins* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

DATE

(941) 657-2385

Daytime Phone #

CR2E037 (11/98)