FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:21

DOCUMENT # N01872 (3)

1. Corporation Name
HOUSE OF PRAYER EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
2708 CENTRAL AVENUE TAMPA FL 33602	2709 CENTRAL AVENUE TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-0799899 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORPORATE INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Senior Warden D	☑ Change ☐ Addition
NAME	KNIERIM, TIM	1.2 NAME	Barbara Pankau	
STREET ADDRESS	12407 OAKLAND AVE	1.3 STREET ADDRESS	5920 Rivew Terrace	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE	DS	2.1 TITLE	Junior Warden DA	☑ Change ☐ Addition
NAME	PARKDEL, BARBARA R	2.2 NAME	Sara Kennedy	
STREET ADDRESS	5920 RIVER TERR.	2.3 STREET ADDRESS	610 South Newport	
CITY-ST-ZIP	TAMPA FL 33604	2.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DT	3.1 TITLE	Treasurer DT	☑ Change ☐ Addition
NAME	NAGLE, DENNIS	3.2 NAME	Pauline Ellis	
STREET ADDRESS	5000 S. HIMES #422	3.3 STREET ADDRESS	19334 Anaheim Drive	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	D	4.1 TITLE	Secretary DS	☑ Change ☐ Addition
NAME	JOSEPH, DENLEY	4.2 NAME	Yvonne Montgomery	
STREET ADDRESS	9480 E. FOWLER AVE.	4.3 STREET ADDRESS	1001 E. Crawford Street	
CITY-ST-ZIP	THONOTOSASSA FL	4.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Pauline V. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR
Pauline Ellis, Treasurer
Date
Daytime Phone #: (813) 683-4090

COR1344