

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N04205 (3)
1. Corporation Name

APOSTOLIC HOUSE OF PRAYER, INCORPORATED



Principal Place of Business Mailing Address
%MARY LEE MOORE 1032 N. WALKER AVE. LAKELAND FL 33805-4276
%MARY LEE MOORE 1032 N. WALKER AVE. LAKELAND FL 33805-4276

3. Date Incorporated or Qualified 07/12/1984
3a. Date of Last Report 01/22/1996

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

4. FEI Number 59-2869909 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

MOORE, MARY LEE
1032 N. WALKER AVE.
LAKELAND FL 33801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARY LEE	1.2 NAME	
STREET ADDRESS	1032 N. WALKER AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	1.4 CITY - ST - ZIP	
TITLE	VCDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ENORRIS	2.2 NAME	
STREET ADDRESS	1247 PROVIDENCE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	2.4 CITY - ST - ZIP	
TITLE	M <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MARY LIZZIE	3.2 NAME	
STREET ADDRESS	1032 N. WALKER AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	3.4 CITY - ST - ZIP	400002066444
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	-01/23/97--01080--016 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEVIE	4.2 NAME	***8.75
STREET ADDRESS	1032 N. WALKER AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	4.4 CITY - ST - ZIP	
TITLE	MTD <input type="checkbox"/> DELETE	5.1 TITLE	300002066444 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROSETTA	5.2 NAME	-01/23/97--01080--015
STREET ADDRESS	1009 MADISON AVE.	5.3 STREET ADDRESS	***61.25
CITY - ST - ZIP	LAKELAND FL 33805	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ Date: January 13, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mary Lee Moore, President
Daytime Phone # 0052800

CR2E037 (9/96)