

FILE NOW: FILING FEE AFTER MAY 1 IS \$15500

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:24

DOCUMENT # N06719 (71)

1. Corporation Name
THE HOUSE OF PRAYER CHURCH OF THE LATTER DAY SAINTS, INC.

Principal Place of Business Address
151 NW 79TH ST.
MIAMI FL 33150
US

PEARLIE BROWN
C/O NW 79TH ST
1775
MIAMI FL 33147
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1984
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-2480319
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
21. 151 N.W. 79 St
22. Suite, Apt. #, etc.
23. Miami, Fl
24. 33150
25. DADE
26. Mailing Address
26. 1775 N.W. 90 St
27. Suite, Apt. #, etc.
27. Miami Fl
28. City & State
28. Miami Fl.
29. Zip
29. 33147
30. Country
30. DADE

9. Name and Address of Current Registered Agent
BROWN, PEARLIE
1775 N.W. 90TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ROBERT C. 1775 NW 90TH ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRWON, PEARLIE M. 1775 NW 90TH ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARBIN, CHRISTINE 7201 NE MIAMI CT. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENN, CLIFFORD 2100 NW 94TH ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON JR., MOSES 1620 NW 4TH AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORER, RUTH 2100 NW 94TH ST MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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: Pearlie M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-95 305 691-0157
Date Daytime Phone #