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Mar 06 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 # N06719 (1)

1. Corporation Name

THE HOUSE OF PRAYER CHURCH OF THE LATTER DAY SAINTS, INC.



Principal Place of Business

Mailing Address

151 NW 79TH ST.
MIAMI FL 33150
US

1775 NW 90 ST
MIAMI FL 33147-3640
US

3. Date Incorporated or Qualified
12/19/1984

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 151 N.W. 79 ST
Suite, Apt. #, etc.

26 1775 N.W. 90 ST
Suite, Apt. #, etc.

4. FEI Number

59-2480319

Applied For

Not Applicable

22 City & State

23 Miami Fla

27 City & State

28 Miami Fla

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 33150

25 Dade

29 33147

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, PEARLIE
1775 N.W. 90TH STREET
MIAMI FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BROWN, ROBERT C.
STREET ADDRESS 1775 NW 90TH ST.
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME BRWON, PEARLIE M.
STREET ADDRESS 1775 NW 90TH ST.
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME HARBIN, CHRISTINE
STREET ADDRESS 7201 NE MIAMI CT.
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME FENN, CLIFFORD
STREET ADDRESS 2100 NW 94TH ST.
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME JACKSON JR., MOSES
STREET ADDRESS 1620 NW 4TH AVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME MOORER, RUTH
STREET ADDRESS 2100 NW 94TH ST
CITY-ST-ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Pearlie M. Brown Pearl M. Brown 2/28/97 305 691-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030641

CR2E037 (9/96)