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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90201 022 \*\*\*\*66.25

0031681

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N06719**

1. Corporation Name

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

Principal Place of Business

151 NW 79 ST  
 MIAMI FL 33150  
 US

Mailing Address

1775 N W 90F  
 MIAMI FL 3314  
 US



2. Principal Place of Business

21 **151 N.W. 79<sup>th</sup> St**

2a. Mailing Address

26 **1775 N.W. 90 St**

3. Date Incorporated or Qualified  
**12/19/1984**

4. FEI Number  
**59-2480319**

Applied For  
 Not Applicable

City & State

23 **Miami, Florida**

City & State

28 **Miami, Florida**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip Country

24 **33150** 25 **Dade**

Zip Country

29 **33147** 30 **Dade**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

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

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

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

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

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

TITLE **T**  DELETE  
 NAME **HARRIS, JOHN J**  
 STREET ADDRESS **4321 N W 187 ST**  
 CITY-ST-ZIP **MIAMI FL 33055**

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

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

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

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

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)(l), 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:

*Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99 305 691-0157**  
 Date Daytime Phone #

CR2E037 (1/98)