


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N06719

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



Principal Place of Business 151 N.W. 79TH STREET MIAMI, FL 33150 US	Mailing Address 1775 N.W. 90 ST. MIAMI, FL 33147 US
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0997715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000142981
04/30/04-80074-006 61.25

10. 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 LEONARD, LEONARD 1455 N.W. 153RD LANE PEMBROKE PINES, FL 33078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGHIE, MARTIN J 1021 N.W. 141 ST MIAMI, FL 33168
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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pearlie M. Brown* *Pearlie M. Brown* 04/28/04 305 691-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #