

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90028 029 \*\*\*\*66.25

40019333



02022005 No Chg-NP CR2E037 (10/03)

**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**

**DO NOT WRITE IN THIS SPACE**

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

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

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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, 2005**

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

*02/12/05*

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)(i), 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 Pearlina M. Brown* *02/12/05* *305 691 4157*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #