

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06719

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



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0997715

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876452
04/11/08=30073-012 70.00

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert C. Brown Robert C. Brozer 3-26-08 (305)691-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #