-112	FILE NOW: FILE	NG FEE IS \$61.2	X			<u> </u>				
NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMEI Sandra B Mor in Secretary of S		OF STATE m le ATIONS						
DOCUMENT # N10081 (0) 1. Corporation Name ANTIOCH HOUSE OF PRAYER OF THE APOSTOLIC FAITH, INC.										
437 - 35 STRE	JOHNSON, JR. ET	Mailing Address C/O HERBERT JOHNSON. JR 437 - 35 STREET WEST PALM BEACH FL 3340				 - 	00 III 901 B1 91 6 1 			
WEST PALM B	EACH FL 33407	WEST FREM DENOTTE SON			:	 Date Incorporated 07/03/1985 	or Qualified		ate of Las 03/08/	st Report 1995
2. Principal Pla	ice of Business	2a. Mailing Address 26				4. FEI Number 59-256480	7			Applied For Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.	! 			5. Certificate of Statu	s Desired	X		75 Additional e Required
Crty & State City & State 23 28						Election Campaign Trust Fund Contrib	-			00 May Be ded to Fees
Zip 24	Country 25	Z/p 30	Country			This corporation has Florida Statutes] Yes 💢	No	s. 199.032,
	Name and Address of Current	nt Registered Agent	81		1	Name and Addre	ss of New Re	egistered	Agent	
			Bi	Name						
EVANS, JAMES A.				Street	Address ((P.O. Box Number is I	Vol Acceptable	e)		
1540 W. BLUE HERON BLVD. 34										
RIVIERA BAC. FL 33404									1 T***	
			84	City				FL	85	Zıp Code
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of. Sec	rida. Such change was authorized b	he above-n by the corpo	arned co pration's	orporation board of	n submits this stateme f directors. I hereby ad	ent for the purpose the appointment of the appointm	migraent as	anging its registere	s registered office ed agent. I am
	Signature, typied or printed name of registered age:		egistere i Agei-	tspane	required when	n nenstatngi ADDITIONS/CHAN	CES TO OFFI	DATE CERSIANT	n Diere C:	TORS IN 12
12.	PCD OFFICERS AN	ND DIRECTORS DELETE	13.		PC	. 5			Change	
TIFLE	JOHNSON, HERBERT, JR.	Dotter		12 NAME		NSON, Her	best JA	?	.	_
NAME STREET ADDRESS	437 - 35 STREET			13 STREET ADDRESS						
CITY-ST-ZIP	W. PALM BCH FL		B.	1.4 CITY - \$1 - ZIP		. Bux 854	5 Wes	+ Patr	bch	FL 33407
TITLE	TD	DELETE	21 TITLE	2 1 TITLE		!			Chang	e 🔲 Addition
NAME	JOHNSON, GLORIA		2 2 NAME	2 2 NAME		ria Johnsu	ん			
STREET ADDRESS	437 - 35 STREET		2 3 STREET	2.3 STREFT ADDRESS		Box 8545	. بد مسو			
CITY-ST-ZIP	W. PALM BCH FL		2 4 JITY-5	ST - ZIP	Wesi	+ PALM bch	FL. 33	407		
TITLE	D	□ DELETE	3 1 TITLE						Chang	je 🔲 Addition
NAME	EVANS, JAMES A.		3.2 NAME							
STREET ADDRESS	437 1/2-35TH ST		3 3 STREET							
CITY-S1-ZIP	W. PALM BCH FL	FIDELETE	3.4 CITY-5	ST ZIP	 				Chang	ge Addition
#17. C			= 4 1 11 1 1							

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STREET ADDRESS

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CITY - ST - ZIP

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6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 costn; 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: **AUDITYPEO OR FENTED NAME OF SIGNING OFFICER OR DIRECTOR**

Da, time Plane**

Da, time Plane** CITY-ST-ZIP

4 2 NAME

5 1 TITLE 52 NAME 5 3 STREET ADDRESS

61 TITLE

6 2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5 4 CITY- S1 - Z-P

6.3 STREET ADDRESS

DELETE

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