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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11001 (7)
1. Corporation Name
FLORIDA HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.



Principal Place of Business C/O ALBERT WATSON, JR. 5500 N.W. 4TH AVENUE MIAMI FL 33127	Mailing Address C/O ALBERT WATSON, JR. 5500 N.W. 4TH AVENUE MIAMI FL 33127
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3. Date Incorporated or Qualified 09/06/1985	
4. FEI Number 65-0032498	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WATSON, ALBERT, JR. 5500 N.W. 4TH AVENUE MIAMI FL 33127	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WATSON, ALBERT, JR.	1.2 NAME	
STREET ADDRESS	5500 NW 4TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	VTD
NAME	WATSON, ROSETTA	2.2 NAME	WATSON, GWENDOLYN
STREET ADDRESS	5500 NW 4TH AVENUE	2.3 STREET ADDRESS	5500 NW 4TH AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	SD	3.1 TITLE	SD
NAME	DICKS, SUZANNE	3.2 NAME	WATSON, ANGEL
STREET ADDRESS	5500 NW 4TH AVENUE	3.3 STREET ADDRESS	5500 NW 4TH AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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.

SIGNATURE: *Albert Watson, Jr.* ALBERT WATSON, JR 1/26/98 (305) 758-0868

CR2E037 (10/97)