FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N13339

(9)

THE H	OUSE OF THE LORD, INC.					
Principal Place	of Business	Mailing Address		 		II BIBI O'BI BUBU BIBI BIBI BIBI DIBI
C/O JOHN PIERSON 5305 WILEY STREET HOLLYWOOD FL 33021-8029 C/O JOHN PIERSON 5305 WILEY STREET HOLLYWOOD FL 33021-8029					A D	
				3. Date incorporated or Qualified 02/06/1986	3a. Date of Last Report 04/25/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0058548	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		This corporation has liability for in	ntangible tax under s. 199.032, Yes Zano
24	25 9. Name and Address of Curren	29 30	<u>0 </u>		Florida Statutes 10. Name and Address of New Reg	
	J. Harris and Francisco	T T T T T T T T T T T T T T T T T T T	81 Nam	8	10, vialite alle vialites al resil via	
PIERSON, JOHN			BO Chro	ن المالية	/D.O. Day Marshar in Net Assessable	
5305 WILEY STREET			82 Stree	et Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL			83	***************************************		·····
			84 City			85 Zip Code
						FL!!
11. Pursuant (office or re agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 617.1508, Florida Statutes, of Florida. Such change was aut ations of, Section 617.0503, Florid	, the above-name horized by the co da Statutes.	d corpo orporatio	ration submits this statement for the pi n's board of directors. I hereby accep	rpose of changing its registered t the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age		legistered Agent signal	ne required		DATE
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
TITLE	PD Pierson, John	☐ DETEIE	1.1 TITLE 1.2 NAME			CT CUSHIRE TT MORNOUL
NAME STREET ADDRESS	5305 WILEY STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	'		
TITLE	VD	☐ DELETE	21 TITLE			Change Addition
NAME	BEASLEY, MARZET		2.2 NAME			• •
STREET ADDRESS	946 NW 10TH STREET	\	2.3 STREET ADDRESS	3		
CITY-ST-ZIP	HALLANDALE FL		2. 4 CITY-ST-ZIP			
TITLE	STD	DELETE	3.1 THLE			☐ Change ☐ Addition
NAME	PIERSON, HENRY		3.2 NAME			
STREET ADDRESS	1501 SW 67TH TERRACE		3.3 STREET ADDRESS	s		
CITY-S1-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP			·
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREFT ADDRESS			4.3 STREET ADDRESS	5		
CITY - ST - ZIP		F DECEME	4.4 CITY+ST-ZIP			D Oberes D Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	`		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP			Change Addition
TITLE			6.1 TITLE 6.2 NAME			The company of the second of t
NAME			6.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-ST-ZIP	'		
VIII - VI - ZIF			0.3 OH 1 - 01-711,			

14. I do 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

NULL VICENCE HELWY KINES STORMS OFFICER OF DIRECTOR

April 26 1997 934 7979;
Daytime Phone # 0021582

FILED

May 12 1997 8:00am

Secretary of State