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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30831

1. Corporation Name

HAVE FAITH IN GOD PRAYER GROUP, INC.

Principal Place of Business

1100 NW 6 ST.
 POMPANO BEACH FL 33069
 US

Mailing Address

520 SW 11TH DR
 DEERFIELD BCH FL 33441



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

02/23/1989

4. FEI Number

65-0161517

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

EVANS, M. DWIGHT
 351 SOUTH CYPRESS ROAD
 POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME CUNIGAN, RANDOLPH
 STREET ADDRESS 570 NW 18 ST.
 CITY-ST-ZIP POMPANO BEACH FL

TITLE ~~VD~~ DELETE
 NAME ~~CUNIGAN, GLORIA BENEFIELD~~
 STREET ADDRESS ~~570 NW 18 ST.~~
 CITY-ST-ZIP ~~POMPANO BEACH FL~~

TITLE D DELETE
 NAME VAUGHN, ROBERT
 STREET ADDRESS 261 SW 11 ST.
 CITY-ST-ZIP DEERFIELD BEACH FL

TITLE SD DELETE
 NAME NOEL, PAMELA
 STREET ADDRESS 341 SW 83RD AVE.
 CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE TD DELETE
 NAME THURSTON, PAULETTE
 STREET ADDRESS 2630 NW 8TH CT.
 CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *R. Randolph Cuning* SIGNATURE REQUIRED *Randolph Cuning* 2-7-99 954-784-8690
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/198)