FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N32884

(1)

UNIVERSAL HOUSE OF PRAYER HOLINESS CHURCH, INC.

FILED									
Apr 27 1998 8:00am									
Secretary of State									

Principal Place of Business Mailing Address								7	r official and roll tiddt offic libit bibs bi	IBAI BEBIL BIQ	is Alais as	ıdı diğil iğdi	
				48 STREET				3.	Date Incorporated or Qualified				
MIAMI FL 33142			MIAM US	MIAMI FL 33142					06/19/1989				
			00					4.	FEI Number		A	pplied For	
		<u> </u>						Д	<u>65-0134831</u>		N	ot Applicable	
_	2. Principal Place of Business			2e. Mailing Address				5.	Certificate of Status Desired] \$		Additional	
21 Suite, Ap1. #, etc.				Suite, Apt. #, etc.					Charles Organization Financian			equired	
22	•			27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & State				City & State				7. Is this nonprofit corporation a homeowners association?					
23	—			28				☐ Yes Z No					
Zi _l	0	Country	Z	Zip Country				8. This corporation owes or has paid the current year Intangible					
24		25	29					Personal Property Tax due June 30. Yes No				⊿ No	
	9. 1	Name and Address of Cu	irrent Registe	red Agent		31	Name	10.	Name and Address of New Regist	ered Age	<u>nt</u>		
,	MANDEDO N	MOV						,					
	HAMBERS, M 148 NW 48TH				6	32	Street Add	ress (F	P.O. Box Number is Not Acceptable)				
	MAMI FL 3314				Į.	33							
•	M20111 1 G 09 17	· -				_			<u></u>			A	
						34	City			FL 8	5 Zip	Code	
11. F	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.												
SIGN	ATURE		•										
		a, typed or printed name of registers		 		Ager	nt signature requi			ATE		20.11.40	
12.	0	OFFICERS	AND DIRECT	ORS DELETE	13. 1.1 TITL	t			ADDITIONS/CHANGES TO OFFICERS		Change	Addition	
NAME	•	AMBERS, MARY		occen	1.2 NAN						Ontingo	regulation	
		8 NW 48TH ST					ADDRESS						
CITY-S	4444						- ZIP						
TITLE	10			DELETE	2.1 TITL						Change	Addition	
NAME	'	WHEELER, WILLMER			2.2 NAM						-		
STREET		8 NW 63RD ST			2.3 STRI	EET /	ADDRESS						
CITY-S	T-ZIP MIA	MI FL			2.4 CIT	Y-S	T-ZiP						
TITLE	SD			DELETE	3.1 TITL	E		_			Change	☐ Addition	
NAME		ambers, tippie J.			3.2 NAN	1E	-						
STREET		4 NW 82ND ST			3.3 STR	EET /	address					;	
CITY-S	T-ZIP MIA	MI FL			3.4. CIT		T-ŽIP						
TITLE	D			☐ DELETE	4.1 TiTU	£				Ш	Change	☐ Addition	
NAME		TH, LEOLA			4, 2 NAM	ИE	ļ						
STREET	ADDRESS 177	21 NW 28TH COURT			4,3 STRI	EET A	ADDRESS						
CITY-S	T-ZIP MIA	MI FL		- Delete	4.4 CITY		r-ZIP				<u> </u>		
TITLE				DELETE	5.1 TITL						Change	Addition	
NAME					5.2 NAM								
	ADDRESS						ADDRESS						
CITY-S	T-ZIP			DELETE	5.4 CITY		-ZIP				Charter	A statistics	
TITLE				DELETE	6.1 TITU						Change	Addition	
NAME					6.2 NAM								
	ADDRESS						ADDRESS						
CITY_6	T. 710 1 '				SAICITY	_ et	_ 7ID						

14. Thereby 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:

Mary Mambren

4-20-98 635-229

32E037 (10/97)