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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47097** **(3)**

1. Corporation Name

**THE HOUSE OF THE LORD (BUILT UPON THE FOUNDATION OF THE APOSTLES AND PROPHETS, JESUS CHRIST HIMS**

| Principal Place of Business | Mailing Address |
|---|---|
| 195 SW 6TH ST<br>POMPANO BCH. FL 33060<br>US | 315 NW 19TH CT.<br>POMPANO BEACH FL 33060-4853 |

3. Date Incorporated or Qualified: 01/30/1992
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0328738 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MCRAY, MINISTER ARNOLD
315 NW 19TH CT.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PC | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCRAY, ARNOLD | | 1.2 NAME | | |
| STREET ADDRESS | 315 N.W. 19 CT. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCRAY, GWENDOLYN SIST | | 2.2 NAME | | |
| STREET ADDRESS | 315 N.W. 19TH CT. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | POWEL, JEWEL MOTHER | | 3.2 NAME | | |
| STREET ADDRESS | 571 N.W. 16TH CT. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCDOUGLE, GASTON ELDER | | 4.2 NAME | | |
| STREET ADDRESS | 720 N.W. 16TH CT. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCRAY, INA M. MOTHER | | 5.2 NAME | | |
| STREET ADDRESS | 3011 N.W. 7TH ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | JOHNSON, EDDIE (BROTHER | | 6.2 NAME | JOHNSON, EDDIE (MINISTER) | |
| STREET ADDRESS | 1470 SW 5TH TERR | | 6.3 STREET ADDRESS | 4297 NW 34 TER. | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 6.4 CITY-ST-ZIP | LAUDERDALE LAKES FL | |

CR2E037 (9/96)

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:** Arnold McRay ARNOLD MCRAY PC 4/25/97 954 786 4107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025199