FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6535 CORPORATION (C)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

-1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50003** (5)

1. Corporation Name

HOUSE OF PRAYER AND PRAISE TABERNACLE INC.

Principal Place of Business	Mailing Address
5605 NE 79TH PLACE GAINESVILLE FL 32609-1265	C/O ROY H. DILLARD, SR. 1900 SE 4TH ST., APT. 11 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1992**
3a. Date of Last Report: **12/22/1994**
4. FEI Number: **59-3278609** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

DILLARD, ROY H SR.
1900 SE 4TH ST
APT 11
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Roy H. Dillard Sr. (President) 5-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DILLARD, ROY H SR.	12 NAME	
STREET ADDRESS	1900 SE 4TH ST. APT. 11	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SAMUEL JR.	22 NAME	
STREET ADDRESS	1920 NE 17TH WAY	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, CLAREATHA	32 NAME	
STREET ADDRESS	1501 N GRAND ST	33 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32619	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	GRIGGER, TAMMY L	42 NAME	Mozell Frazier
STREET ADDRESS	881 BROADWAY ST	43 STREET ADDRESS	306 SW 6th Ave.
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP	Gainesville Fla. 32601
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ANDREA D	52 NAME	
STREET ADDRESS	1920 NE 17TH WAY	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	TEMPLE, HENRIETTA	62 NAME	Pauline Dillard
STREET ADDRESS	1190 SE 22ND AVE	63 STREET ADDRESS	1900 S.E. 4th St. Apt. 11
CITY-ST-ZIP	GAINESVILLE FL 32601	64 CITY-ST-ZIP	Gainesville Fla. 32601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roy H. Dillard Roy H. Dillard Sr. P.S. 5-1-95 372-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED

DOCUMENT # **N50265** (0)

1. Corporation Name

DANIA HOUSE OF PRAYER, INC.

Principal Place of Business	Mailing Address
2201 GREENE ST. #STORE DANIA FL 33004 US	2201 GREENE ST #STORE DANIA FL 33004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **2201 Green st**	2a. Mailing Address: 26 **Hollywood Fl 33020**
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 **Hollywood Fl 33020**
City & State: 23	City & State: 28 **Hollywood Fl**
Zip: 24 / Country: 25	Zip: 29 **33020** / Country: 30 **Broad**

3. Date Incorporated or Qualified: **08/06/1992**
3a. Date of Last Report: **06/21/1994**

4. FEI Number: **65-0348929** ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUCE, CLARENCE 2201 GREENE ST #STORE ~~DANIA FL 33004~~ Hollywood, Fl 33020	81 Name: Clarence Bruce 82 Street Address (P.O. Box Number is Not Acceptable): 2452 NW 80 St 83 ~~2201 Green St~~ 33147 84 City: ~~Hollywood~~ Miami FL 85 Zip Code: ~~33020~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRUCE, CLARENCE	12 NAME	
STREET ADDRESS	2452 NW 80 ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, DENNIS	22 NAME	
STREET ADDRESS	1987 NW 50 ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	DRIVER, YVONNE	32 NAME	Bruce, Ernestine
STREET ADDRESS	421 NW 3 PL	33 STREET ADDRESS	2452 NW 80 St
CITY ST ZIP	DANIA FL	34 CITY ST ZIP	miAmi, Fl
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GAY, BRUCE	42 NAME	
STREET ADDRESS	3101 NW 22 CT	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	~~D~~	51 TITLE	☐ Change ☐ Addition
NAME	SAMUEL, MILTON	52 NAME	No Longer a member of
STREET ADDRESS	1740 N.W. 46TH STREET	53 STREET ADDRESS	Church
CITY ST ZIP	MIAMI FL 33147	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HALL, DOROTHY LOIS	62 NAME	
STREET ADDRESS	2239 CADY STREET	63 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33020	64 CITY ST ZIP	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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: Clarence Bruce — 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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