FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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 32641-8766

2. Principal Place of Business 21 5605 NE 79 Pl	2a. Mailing Address 26 1900 SE 4th St APT 11
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 APT 11
City & State 23 Gainesville, FLA	City & State 28 Gainesville FLA
Zip / Country 24 32609-1265 25 Alachua	Zip / Country 29 32641-8766 30 Alachua

3. Date Incorporated or Qualified 07/23/1992	3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

DILLARD, ROY H SR.
1900 SE 4TH ST
APT 11
GAINESVILLE FL 32641-8766

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, ROY H SR.		1.2 NAME		
STREET ADDRESS	1900 SE 4TH ST. APT. 11		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SAMUEL JR.		2.2 NAME		
STREET ADDRESS	1920 NE 17TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, CLAREATHA		3.2 NAME		
STREET ADDRESS	1501 N GRAND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32619		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOZETT, FRAZIER		4.2 NAME		
STREET ADDRESS	3065 W 8TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ANDREA D		5.2 NAME		
STREET ADDRESS	1920 NE 17TH WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, PAULINE		6.2 NAME		
STREET ADDRESS	1900 SE 4TH STREET, APT 11		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 Sr. 4/29/96 372-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #