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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 PL GAINESVILLE FL 32609-1265 US	1900 SE 4TH ST APT 11 GAINESVILLE FL 32641-8766 US

3. Date Incorporated or Qualified: 07/23/1992

4. FEI Number: 59-3278609 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5605 N.E. 79th pl.	26 1900 S.E 4th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. APT. 11
23 City & State Gainesville Fl.	28 City & State Gainesville FL.
24 Zip 32609. 25 Country U.S.A.	29 Zip 32641 30 Country USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Roy H. Dillard Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 S.E. 4th St.
83 Apt. 11
84 City: Gainesville FL 85 Zip Code: 32641

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 (10/97)

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.

SIGNATURE: Roy Roy H. Dillard Sr. 1-12-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 9011709