**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N50003**

1. Corporation Name

## HOUSE OF PRAYER AND PRAISE TABERNACLE INC.

Principal Place of Business 5605 NE 79TH PL GAINESVILLE FL 32609-1265 Mailing Address

1900 SE 4TH ST

**APT 11** 

GAINESVILLE FL 32641-8766

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90025 049 \*\*\*\*61.25

100241 90025 49 1 \*



2. Principal Pl	ace of Business 2a. Mailing Address		3. Date Incorporated or Qualifed
21 56 C	5 N.E. 79 HP/A 26 1900 SE 44	h St.	07/23/1992
Suite, Apt.	#, etc. Suite Apt. #, etc.		4. FEI Number Applied For Not Applicable
22	27 / //		
City & State		1115 711	5. Certificate of Status Desired Fee Required
Zip	Country Zip	Country	6. Election Campaign Financing \$5.00 May Be
24 3260	25 U.S.H. 29 32641 36	OUSH-	Trust Fund Contribution Added to Fees
5. Name and Address of Content Registered Agent			10. Name and Address of New Registered Agent
81 Name ROV 4. DILLANDSN.			
DILLARD, ROY H SR. 82 Street Address (P.O. Box Number is Not Acceptable)			
1900 SE 4TH ST			005544hst
APT 11		83 2	0+11
GAINESVILLE FL 32641			
1 CYA 1/1/2 TL 3264			
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			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
CIONATURE			
	Signature, typed or printed marrie or registeres agent	egistered Agent signature requ	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	P □ DELETE	1,1 TITLE	Change
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	DillARA PAULINE Change Addition
STREET ADDRESS	1920 NE 17TH WAY	2.3 STREET ADDRESS	TO CHILL CT. DALI CA MONTHE SIA
CITY-ST-ZIP	GAINESVILLE FL 32601	2. 4 CITY-ST-ZIP	400SE 4TH STUTTING GAINGVALE 7111
TITLE	S DELETE	3.1 TITLE	900SE4HUSTIAPHU GAINESVIETH STACKSON CLAREOTHA AChange Addition
NAME	GRIFFIN, CLAREATHA	3.2 NAME	904 N. CLARKST
STREET ADDRESS	1501 N GRAND ST	3.3 STREET ADDRESS	01000 7/0 77001
CITY-ST-ZIP	STARKE FL 32619	3.4. CITY-ST-ZIP	STHKKe1 HA 32041
TITLE	D DELETE	4.1 TITLE 7	MOZELL LONSON Change Addition
NAME	MOZETT, FRAZIER	4. 2 NAME	3065,W.8th AVE
STREET ADDRESS	3065 W 8TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE TIA 32601
TITLE	D DELETE	5.1 TITLE	Robert PITNER XChange Addition
NAME	JOHNSON, ANDREA D	5.2 NAME	2931 NE 18th WAY
STREET ADDRESS	1920 NE 17TH WAY	5.3 STREET ADDRESS	80 MC 11/18 718 75189
CITY-ST-ZIP	GAINESVILLE FL 32601	5.4 CITY-ST-ZIP	GAINES VILLE 7/A 32609
TITLE	D DELETE	6.1 TITLE	DLAREDRA PITNEL Change Addition
NAME	DILLARD, PAULINE	6.2 NAME	2931NE 18th WAY
STREET ADDRESS	1900 SE 4TH STREET, APT 11	6.3 STREET ADDRESS	2731100101110011
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	GAINESVILLE 714-32609
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 supplied that the single does not quality 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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**