

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 # **N50117** (3)

1. Corporation Name

HOUSE OF PRAYER MINISTRIES, INC.



Principal Place of Business

**100 DURDEN ROAD
LORIDA FL 33857**

Mailing Address

**100 DURDEN ROAD
LORIDA FL 33857**

3. Date Incorporated or Qualified
07/24/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **Lake Placid**

26 **House of Prayer**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **455 adams ave.**

27 **100 Durden Rd.**

City & State

City & State

23 **Lake Placid, FL.**

28 **Lorida FL.**

Zip

Country

Zip

Country

24 **33852**

25 **United States**

29 **33857**

30 **United States**

4. FEI Number

59-3144624

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

10. Name and Address of New Registered Agent

**DURDEN, DENNIS
100 DURDEN ROAD
LORIDA FL 33857**

81 Name

Dennis E. Durden

82 Street Address (P.O. Box Number is Not Acceptable)

100 Durden Rd.

83

84 City

Lorida

FL

85 Zip Code

33857

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

Dennis E. Durden

DENNIS E. DURDEN PD

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DURDEN, DENNIS**
STREET ADDRESS **100 DURDEN ROAD**
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **STD** ☐ DELETE
NAME **ROBERT, ROBIN**
STREET ADDRESS **100 DURDEN ROAD**
CITY-ST-ZIP **LORIDALACID FL 33857**

TITLE **VD** ☐ DELETE
NAME **DURDEN, DEBBIE**
STREET ADDRESS **100 DURDEN ROAD**
CITY-ST-ZIP **LORDIA FL 33857**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Dennis E. Durden **DENNIS E. DURDEN** **1-17-95 (813) 655-2620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)