FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N50117

(3)

HOUSE OF PRAYER MINISTRIES, INC.										
Principal Place	of Business	Mailing Address		····			1031 AIBN 810	A BIRA BIBIA DI		
LAKE PLACID 455 ADAMS AVE LAKE PLACID FL 33852		HOUSE OF PRAYER 100 DURDEN RD. LORIDA FL 33857-9507			16- 5-					
US		US				3. Date Incorporated or Qualified 07/24/1992	3a. Dat	e of Last Re 01/24/19	^{вроп} 96	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-3144624			plied For t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			· .	5. Certificate of Status Desired		\$8.75 A	Additional	
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Zip	Country		Count	try		Trust Fund Contribution 8. This corporation has liability for	intangible f	Added to ax under s.		
24	25		30			Florida Statutes	Yes 🛚	No		
	9. Name and Address of Curre	nt Registered Agent	-	11	Name	10. Name and Address of New Ro	gistered A	gent		
DUDDEA	1 DENNIC									
DURDEN, DENNIS 100 DURDEN ROAD LORIDA FL 33857			8	2	Street Addre	ss (P.O. Box Number is Not Accepta	ble)			
			8	13	•					
			8	4	City		FL	85 Zip C	Code	
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the abo	L-	named corpo	ration submits this statement for the		changing its	s registered	
agent La	egistered agent, or both, in the stat m familiar with, and accept the obli	e of Florida. Such change was au gations of, Section 617.0503, Flori	ida Statut	tes.	ne corporatio	ration submits this statement for the n's board of directors. I hereby acce	prine appo	munein as	registered	
SIGNATURE	Signature, typed or printed name of registered a	oeul and life if applicable INOTE:	Registered A	Agent	signature required	d when reinstating)	DATE			
12.		ND DIRECTORS	13.	- Ng Lo- II,	oig idio a rador e	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 TITLE	E				Change	Addition	
NAME	DURDEN, DENNIS		1.2 NAM							
STREET ADDRESS	100 DURDEN ROAD LORIDA FL 33857		1.3 STR			•				
CITY-ST-ZIF'	STD	☐ DELETE	1.4 CITY 2.1 TITLE		ZIP			Change	☐ Addition	
NAME	ROBERT, ROBIN		22 NAM	1E						
STREET ADDRESS	100 DURDEN ROAD		2 3 5 TRE	EET AC	DDRESS					
CITY-SI-ZiP	LORIDALACID FL 33857		2 4 011)		- ZIP	······································				
TITLE	VD	☐ DELETE	3.1 TITLE					Change	Addition	
NAME	Durden, Debbie 100 Durden Road		3.2 NAM							
STREET ADDRESS	LORDIA FL 33857		3.3 STRE							
CITY-ST-ZIF TITLE	CONDIA I E 30007	DELETE	3.4. CITY 4.1 TITLE		- 217			Change	Addition	
NAME		_	4. 2 NAN					-		
STREET ADDRESS			4.3 STRE	EET A	DORESS					
City - St - 7iP			4.4 CITY	r-st-	ŽIP					
TITLE		DELETE	5.1 TITL	E				Change	☐ Addition	
NAME		•	5.2 NAM	AE.						
STREET ADDRESS			5.3 STR							
CITY - ST - ZIP		DELETE	5.4 CITY		ZIP			Change	Addition	
TITLE		<u>ריי</u> הנרכוב	6.1 TITLI					L. Change	L. AGUIGGII	
NAME STREET ADDRESS			6.2 NAM 6.3 STRE		nnbree					
CITY-ST-ZIP			6.4 CITY							
14. I do herel	by certify that the information suppl	ied with this filing does not qualify	for the e	xem	ption stated	in Section 119.07(3)(i), Florida Statut	es. I further	certify that	the	
lamano		or the receiver or trustee empower	ered to ex			my signature shall have the same leg as required by Chapter 617, Florida				