

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90045 002 ****70.00

0031/20

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50163

1. Corporation Name

PRAYER HOUSE OF FAITH AND DELIVERANCE CHURCH, IN
C.

Principal Place of Business

1300 SOUTH DIXIE HWY
SUITE B & C
POMPANO BEACH FL 33060
US

Mailing Address

2278 NW 98TH STREET
MIAMI FL 33147
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

24

25

Zip

29

Country

30

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0376090

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

9. Name and Address of Current Registered Agent

HOLMES, NATHANIEL C.
2278 NW 98TH STREET
MIAMI FL 33147

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME HOLMES, NATHANIEL C.
STREET ADDRESS 2278 NW 98TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DS
NAME HOLMES, SABRINA T.
STREET ADDRESS 2278 NW 98TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME TATUM, ROBERTA
STREET ADDRESS 10361 SW 180TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME SMITH, CHRISTINE
STREET ADDRESS 751 SW 30TH AVE
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE D
NAME LEACH, SYLVESTER JR.
STREET ADDRESS 1365 NW 196 TERR.
CITY-ST-ZIP CAROL CITY FL 33169

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Nathaniel C. Holmes 4/16/99 305-835-6437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)