

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N50265

(0)

1. Corporation Name

DANIA HOUSE OF PRAYER, INC.

Principal Place of Business

2201 GREEN STREET
#STORE
DANIA FL 33004
US

Mailing Address

2201 GREEN STREET
HOLLYWOOD FL 33020
US



2. Principal Place of Business

21 2201 Green Street

Suite, Apt. #, etc.

22 store FRONT

City & State

23 Hollywood FL

Zip

24 33020

Country

2a. Mailing Address

26 2201 Green Street

Suite, Apt. #, etc.

27 store FRONT

City & State

28 Hollywood

Zip

29 33020

Country

3. Date Incorporated or Qualified

08/06/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0348929

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

BRUCE, CLARENCE
2452 NW 80 ST
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

CLARENCE BRUCE

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

2452 N.W. 80 ST

83

84 City

MIAMI

FL

85 Zip Code

33147

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

CLARENCE BRUCE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BRUCE, CLARENCE
STREET ADDRESS 2452 NW 80 ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME MCMILLAN, DENNIS
STREET ADDRESS 1987 NW 50 ST
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME BRUCE, ERNESTINE
STREET ADDRESS 2452 NW 80 STREET
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE
NAME GAY, BRUCE
STREET ADDRESS 3101 NW 22 CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME HALL, DOROTHY LOIS
STREET ADDRESS 2239 CADY STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

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:

CLARENCE BRUCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 696-4869

Date

Daytime Phone #

CR2E037 (12/95)