

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

07-20-1999 90004 043 ****61.25

DOCUMENT # N50265

1. Corporation Name

DANIA HOUSE OF PRAYER, INC.

* 5 9 9 9 0 0 4 3 7 *



Principal Place of Business

208 NW 7 CT
HALLANDALE FL 33009
US

Mailing Address

208 NW 7 CT
STOR FRONT
HALLANDALE FL 33009
US

2. Principal Place of Business

21 208 NW 7 CT

Suite, Apt. #, etc.

22

City & State

23 Hallandale FL

Zip

24 33009

Country

25 US

2a. Mailing Address

26 208 NW 7 CT

Suite, Apt. #, etc.

27

City & State

28 Hallandale FL

Zip

29 33009

Country

30 US

3. Date Incorporated or Qualified

08/06/1992

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

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

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 PD ☐ DELETE

NAME BRUCE, CLARENCE

STREET ADDRESS 2452 NW 80 ST

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BRUCE, GUY

STREET ADDRESS 3101 NW 22 CT

CITY-ST-ZIP MIAMI FL 33142

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 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:

Ernestine

7/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002143

CR2E037 (5/99)