

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90388 015 ****61.25

DOCUMENT # N50265

1. Entity Name

DANIA HOUSE OF PRAYER, INC.



Principal Place of Business

208 NW 7 CT
HALLANDALE FL 33009
US

Mailing Address

208 NW 7 CT
HALLANDALE FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0348929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE, CLARENCE
2452 NW 80 ST
MIAMI FL 33147

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ernestine Bruce / ERNESTINE BRUCE (Sect)

3/15/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pastor ☐ Change ☐ Addition
NAME BRUCE CLARENCE
STREET ADDRESS 208 NW 7 CT
CITY-ST-ZIP Hallandale, FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sect ☐ Change ☐ Addition
NAME ERNESTINE BRUCE
STREET ADDRESS 208 NW 7 CT
CITY-ST-ZIP Hallandale, FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ernestine Bruce (Sect) ERNESTINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

(854) 454-3692

Daytime Phone #