


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000336</b>					
1. Corporation Name <b>HOUSE OF BLESSINGS MINISTRY, INC.</b>					
Principal Place of Business 4623 FOREST HILL BLVD. SUITE 104 WEST PALM BEACH FL 33415 US			Mailing Address 4623 FOREST HILL BLVD SUITE 104 WEST PALM BEACH FL 33415 US		

FILED

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0374643	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GIRARD, DAVID 13984 COLUMBINE AVENUE W. PALM BEACH FL 33414				81	Name Girard, Della		
				82	Street Address (P.O. Box Number is Not Acceptable) 13984 Columbine Ave.		
				83			
				84	City West Palm Beach	85	Zip Code FL 33414

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRIKER, MELA			1.2 NAME	700002964347--8		
STREET ADDRESS	6040 FOREST HILL BLVD, APT 204			1.3 STREET ADDRESS	-08/19/99--01039--026		
CITY-ST-ZIP	WEST PALM BEACH FL 33415			1.4 CITY-ST-ZIP	*****69.00 *****61.25		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRARD, RENEE			2.2 NAME	6094 Forest Hill Blvd. #203		
STREET ADDRESS	10617 FASCINATION LANE			2.3 STREET ADDRESS	West Palm Beach, FL 33415		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			2.4 CITY-ST-ZIP	Alfieri, Elizabeth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	RHODES, ELIZABETH			3.2 NAME			
STREET ADDRESS	6066 FOREST HILL BLVD, APT 105			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33415			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEREK, STRIKER			4.2 NAME			
STREET ADDRESS	6040 FOREST HILL BLVD, APT 204			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33415			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GIRARD, DELLA			5.2 NAME	Girard, David		
STREET ADDRESS	13984 COLUMBINE AVE			5.3 STREET ADDRESS	13984 Columbine Ave.		
CITY-ST-ZIP	WELLINGTON FL			5.4 CITY-ST-ZIP	West Palm Beach, FL 33414		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE			
NAME	ECHEVARRIA, DORIS			6.2 NAME			
STREET ADDRESS	6040 FOREST HILL BLVD, APT 105			6.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL 33415			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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-99

Date

Daytime Phone #

CR2E037 (5/99)