NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300002166

1. Corporation Name

THE HOUSE OF PRAYER EVANGELICAL AND REVELATION M INISTRY JESUS CHRIST INC.

Principal Place of Business

Mailing Address

607 25TH ST. WPLL ROAD WEST PALM BEACH FL 33407 7919 BURLWOOD LANE LAKE WORTH FL 33467

Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90022 032 ****61.25

JULY 30022 - 32

				3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 05/12/1993
21 607	35 "ST.	26		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 650417067 Applied For Not Applicable
22 VY <u>e.S</u>	traim pen. 7k.	27 City & State	<u> </u>	\$8.75 Additional
City & Stat		28		5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing 55.00 May Be
24	25	29	o	Trust Fund Contribution Added to Fees
				10. Name and Address of New Registered Agent
81 Name TANDON And E. Brink Kleen				
JACKSON, BARBARA A 82 Street Address P				Address (P.O. Box Number is Not Acceptable)
571 W 1ST STREET 8/6				b booker AVE.
RIVIERA BEACH FL 33404 BCh. 33401				
84 City				85 Zip Code
T T T T T T T T T T				
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 Cammatha Claime Brinkley 1-19-99				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature r	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DE	DELETE	1.1 TITLE	TRUSEC Change MAddition
NAME	CONEY, FLOYD		1.2 NAME	Veronica L. Hudson
STREET ADDRESS	7919 BURLWOOD LANE		1.3 STREET ADDRESS	5288 Stacy St ADT, B.
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	West PATAN BCh 71. 33401
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	BROUGHTON, CALLIE M PASTO	7	2.2 NAME	
STREET ADDRESS	7919 BURLWOOD LANE		2.3 STREET ADDRESS	
C/TY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY- ST- ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	Change Addition
NAME	BRINKLEY, ALEX L		3.2 NAME	
STREET ADDRESS	816 BOOKER AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4, CITY-ST-ZIP	
TITLE	T .	☐ DELETE	4.1 TITLE	Change Addition
NAME	JACKSON, BARBRA MINISTE		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL 33404		4.4 CITY-ST-ZIP	
TITLE	DAS	☐ DEFELE	5.1 TITLE	Change Addition
NAME	BRINKLEY, TAMMATHA E		5.2 NAME	
STREET ADDRESS	816 BOOKER AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33401		5.4 CITY- ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	· · · · · · ·		6.3 STREET ADDRESS	
CITY-ST-ZIP			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:

CITY-ST-ZIP