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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N93000002166

1. Corporation Name

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

Principal Place of Business
 607 25TH ST. WPLL ROAD
 WEST PALM BEACH FL 33407

Mailing Address
 7919 BURLWOOD LANE
 LAKE WORTH FL 33467



2. Principal Place of Business 21 <u>607 25th St.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified <u>05/12/1993</u>
22 <u>West Palm bch. Fla.</u> City & State	27 City & State	4. FEI Number <u>650417067</u> APPLIED FOR Applied For Not Applicable
23 <u>33407 America</u> Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 25 29 30	29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JACKSON, BARBARA A 571 W 1ST STREET RIVIERA BEACH FL 33404	10. Name and Address of New Registered Agent 81 Name <u>Tammatha E. Brinkley</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>816 Booker Ave.</u> 83 <u>West Palm Bch. Fla. 33401</u> 84 City <u>FL</u> 85 Zip Code
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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: Tammatha Elaine Brinkley DATE: 1-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DE NAME: CONEY, FLOYD STREET ADDRESS: 7919 BURLWOOD LANE CITY-ST-ZIP: LAKE WORTH FL 33467	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <u>Trustee</u> 1.2 NAME: <u>Veronica L. Hudson</u> 1.3 STREET ADDRESS: <u>5288 Stacy St APT B</u> 1.4 CITY-ST-ZIP: <u>West Palm Bch Fla. 33407</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BROUGHTON, CALLIE M PASTOR STREET ADDRESS: 7919 BURLWOOD LANE CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BRINKLEY, ALEX L STREET ADDRESS: 816 BOOKER AVE. CITY-ST-ZIP: WEST PALM BEACH FL 33401	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: JACKSON, BARBRA MINISTE STREET ADDRESS: 571 WEST 1ST STREET CITY-ST-ZIP: RIVIERA BCH FL 33404	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DAS NAME: BRINKLEY, TAMMATHA E STREET ADDRESS: 816 BOOKER AVE. CITY-ST-ZIP: WEST PALM BCH. FL 33401	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pastor Callie M. Broughton DATE: 1-19-99 DAYTIME PHONE #: (561) 966-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)