

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002912 (4)

1. Corporation Name

JESUS CHRIST'S HOUSE OF PRAYER, INC.

Principal Place of Business

Mailing Address

430 SOUTH PARRAMORE
ORLANDO FL 32825
US

4520 MOBILEAIRE DRIVE
ORLANDO FL 32822
US

FILED

95 JUL 14 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3211075	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

JONES, GWENDOLYN A
4519 MOBILEAIRE DR
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

I, the undersigned, pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, LESTER A.	1.2 NAME	
STREET ADDRESS	4520 MOBILEAIRE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, MICHAEL L.	2.2 NAME	
STREET ADDRESS	4520 MOBILEAIRE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	S Deceased	3.1 TITLE	☒ Change ☐ Addition
NAME	BENNETT, SHARON	3.2 NAME	
STREET ADDRESS	5252 LONG ROAD, APARTMENT A	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTY, RODERICK	4.2 NAME	
STREET ADDRESS	6971 LONGMEADE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, JUANITA	5.2 NAME	
STREET ADDRESS	214 HOPE CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	-	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Lester A. Jones (Pastor)

4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #