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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**7235 PINON DR.
ORLANDO FL 32818-5838
US**



3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
06/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, GWENDOLYN A
4519 MOBILEAIRE DR
ORLANDO FL 32822**

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, LESTER A.	
STREET ADDRESS	4520 MOBILEAIRE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOBLEY, RUBEN	
STREET ADDRESS	23075 JACOBSON RD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTY, RODERICK	
STREET ADDRESS	6971 LONGMEADE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILL, SANDRA	
STREET ADDRESS	456 WEST OAK RIDGE APT 103	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Lester A	
1.3 STREET ADDRESS	7235 PINON DR	
1.4 CITY-ST-ZIP	ORLANDO FL 32818	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mobley, Ruben	
2.3 STREET ADDRESS	23075 Jacobson Road	
2.4 CITY-ST-ZIP	ORLANDO FL 32808	
3.1 TITLE	McCarthy, Roderick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McCarthy, Roderick	
3.3 STREET ADDRESS	7348 Blair Dr.	
3.4 CITY-ST-ZIP	ORL- FL 32818	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Monroe, Sandra	
4.3 STREET ADDRESS	7318 Blair Dr.	
4.4 CITY-ST-ZIP	ORLANDO FL 32818	
5.1 TITLE	Glee, Aratha	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Glee, Aratha	
5.3 STREET ADDRESS	1404 Livercats Drive	
5.4 CITY-ST-ZIP	ORLANDO 32818	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Pastor Lester A. Jones

4-27-97

407-305-0878

407-293-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017381

CR2E037 (9/96)