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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 PINION DR.
ORLANDO FL 32818
US**



3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

59-3211075

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1032 W. Robinson Street

26 Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, Florida

28

Zip Country

Zip Country

24 32825

25 US

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

TITLE ☐ DELETE

**NAME JONES, LESTER A.
STREET ADDRESS 7235 PINION DR.
CITY-ST-ZIP ORLANDO FL 32818**

TITLE ☒ DELETE

**NAME MOBLEY, RUBEN
STREET ADDRESS 5808 ALTEC ROAD
CITY-ST-ZIP ORLANDO FL 32808**

TITLE ☐ DELETE

**NAME MCCARTY, RODERICK
STREET ADDRESS 7348 BLAIR DR
CITY-ST-ZIP ORL FL 32818**

TITLE ☒ DELETE

**NAME GILL, SANDRA
STREET ADDRESS 7318 BLAIR DR.
CITY-ST-ZIP ORLANDO FL 32818**

TITLE ☐ DELETE

**NAME GLEE, ARETHA
STREET ADDRESS 6904 RIVEROAKS DRIVE
CITY-ST-ZIP ORLANDO FL 32818**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

[Handwritten signature]

6-6-98

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