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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9400001415 (8)

HOUSE OF PRAYER MINISTRIES OF GOD, INC.

Principal Place	e of Business	Mailing Address					
6027 NW 22 AVE MIAMI FL 33147 US		17210 N.W. 43RD. COURT OPA LOCKA FL 33055					
					3. Date Incorporated or Qualified 03/21/1994	3a. Date of Las 02/09/	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 4111 N.W. 22nd Ave.		26		65-0480466		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.7	5 Additional
22		27			Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	_ \$5.0	00 May Be
	Florida	28			Trust Fund Contribution	Adde	ed to Fees
Zip 33147	Country 7 25 DADE	Zip	Country	,	8. This corporation has liability for in	tangidie 🚧 under s	. 199.032,
41 33147	/   25   DADE 9. Name and Address of Current	29	30		Florida Statutes	Yes (1)	
	o. Italia and Addioso of Carlott	r negistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	······································
CARTER	MDGINIA		<u> </u>	Ivanie			
	i, virginia I.W. 43RD. Court		82	Street Addr	ress (P.O. Box Number is Not Acceptable	∍)	
	CKA FL 33055		83			,	
OI A LO	0104 1 E 00000						
			84	City			p Code
	red agent, or both, in the State of Florid th, and accept the obligations of, Section			named corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered offic d agent. I am
SIGNATURE							
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (N	OTE: Registered Ager	t signature required		DATE	
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable (NI	OTE: Registered Agen	t signature required	d when reinstatingt ADDITIONS/CHANGES 10 OFFIC		DRS IN 12
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable (N	OTE: Registered Ager  13.  1.1 TITLE	it signature required			
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND D CARTER, VIRGINIA	and title if applicable (NI	OTE: Registered Ager  13.  1.1 TITLE  1.2 NAME			DERS AND DIRECTO	DRS IN 12
SIGNATURE _  12.  ITILE  VAME  STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND D CARTER, VIRGINIA 17210 N.W. 43RD. COURT	and title if applicable (NI	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		DERS AND DIRECTO	
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IGNATURE: Unginia Carter VIRGINIA CARTER - P. 3-16-96 305-6205924