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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000001415

1. Corporation Name

HOUSE OF PRAYER MINISTRIES OF GOD, INC.

Principal Place of Business

4111 NW 22ND AVE
MIAMI FL 33147
US

Mailing Address

17210 N.W. 43RD. COURT
OPA LOCKA FL 33055



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/21/1994

4. FEI Number

65-0480466

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

9. Name and Address of Current Registered Agent

CARTER, VIRGINIA
17210 N.W. 43RD. COURT
OPA LOCKA FL 33055

10. Name and Address of New Registered Agent

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 DP
NAME CARTER, VIRGINIA
STREET ADDRESS 17210 N.W. 43RD. COURT
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE VDT
NAME CARTER, EDWARD L
STREET ADDRESS 17210 NW 43RD COURT
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D
NAME LEWIS, JOHN
STREET ADDRESS 17131 N.W. 44TH AVENUE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE SD
NAME GILCREASE, SHERRIA
STREET ADDRESS 17210 NW 43RD COURT
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D
NAME GILCREASE, LEVI
STREET ADDRESS 17210 NW 43RD COURT
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D
NAME JONES, WILLIE JAMES
STREET ADDRESS 2281 NW 58TH STREET
CITY-ST-ZIP MIAMI FL 33142

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, with all other like empowered.

SIGNATURE:

VIRGINIA CARTER (DP)

Jan 6 99

305 6205924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)