SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1997 8:00am

Secretary of State

(4/97

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000003581 (5)

W.O.W. PRAYER MINISTRIES, INC.

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Principal Place of Business Mailing Address P.O.BOX69-428 2001 NW 185TH ST 2901 NW 185TH ST MIAMI FL 33056 JIAMI FL 33056 ... Mia MI, FL 33269 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1994 01/26/1996 2e. Malling Address 26 P. O. BOY 69-4282 2. Principal Place of Business 4, FEI Number Applied For NOT APPLICABLE 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name JACKSON, VERA 82 Street Address (P.O. Box Number is Not Acceptable) 2901 NW 185TH ST 83 **MIAMI FL 33056** 84 85 Zip Code City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ Addition TITLE ☐ DELETE 1.1 TITLE Change JACKSON, VERA NAME 1.2 NAME 2901 NW 185 ST STREET ADDRESS 1.3 STREET ADDRESS Miami Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JACKSON, JOHN W NAME 2.2 NAME 2901 NW 185 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition WILSON, JOYCE NAME 3.2 NAME 3470 NW 172 TERRACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition FORD, GINA NAME 4. 2 NAME 19035 NW 54 PLACE STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33056** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE OWENS, JULIENNE NAME 5.2 NAME 151 NE 210 ST. STREET ADDRESS 5.3 STREET ADDRESS <u>Miami</u> fl CITY-ST-ZIP 5.4 CITY-ST-ZIP D, DELETE Addition TITLE 6.1 TITLE NAME 3 J**OR**DAN, GIDGET 6.2 NAME 7000 NW 186 ST #327 STREET ADDRESS **6.3 STREET ADDRESS** MIAMI LAKES FL 33015 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 prock 13 if Changed, or on an attachment with an address.

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