

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005756 (1)

1. Corporation Name

HOLY TEMPLE HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

Mailing Address

736 ORANGE AVE.
FT. PIERCE FL 34954

P.O. BOX 1886
FT. PIERCE FL 34954-1886

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/21/1994

4. FEI Number

65-0521613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. Does corporation have liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2158 N. HWY U.S. #1

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Pierce, FL

28

24 Zip

Country U.S.A.

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ALVIN E SR
1902 N. 37TH ST.
FT. PIERCE FL 34950

81 Name Rev. Alvin E. Miller, Sr.

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

3212 Live Oak Lane

83

84 City Fort Pierce

FL

85

Zip Code 34981

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant, agent and then if required

NOTE: Registered agent signature required when resigning

Alvin E. Miller, Sr.

April 25, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MILLER, ALVIN E SR.
STREET ADDRESS 1902 N. 37TH ST.
CITY ST ZIP FT. PIERCE FL 34950

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE DV
NAME GORDON, EHTEN REV.
STREET ADDRESS 1902 N. 37TH ST.
CITY ST ZIP FT. PIERCE FL 34950

21 TITLE ☒ Change ☐ Addition
22 NAME Vera Jones
23 STREET ADDRESS 3087 Hammond Road
24 CITY ST ZIP Fort Pierce, FL 34947

TITLE DS
NAME DAMES, DOROTHY M
STREET ADDRESS 3214 INDIANA CT.
CITY ST ZIP FT. PIERCE FL 34947

31 TITLE ☐ Change ☒ Addition
32 NAME D Michelle R. Miller
33 STREET ADDRESS 3212 Live Oak Lane
34 CITY ST ZIP Fort Pierce, FL 34981

TITLE D
NAME HILL, INEZ
STREET ADDRESS 505 S. 32ND ST.
CITY ST ZIP FT. PIERCE FL 34947

41 TITLE ☐ Change ☒ Addition
42 NAME Isaac Lee Jones
43 STREET ADDRESS 3087 Hammond Road
44 CITY ST ZIP Ft. Pierce, FL 34947

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME Felton Riggins
53 STREET ADDRESS 2805 Kingsley Drive
54 CITY ST ZIP Ft. Pierce, FL 34996

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME Vera Johnson
63 STREET ADDRESS 3087 Hammond Road
64 CITY ST ZIP Fort Pierce, FL 34947

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Alvin E. Miller

April 25, 1995

(407) 460-4435
(407) 468-5792

(407) 652-0518 Bepko