

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005756 (1)

1. Corporation Name

HOLY TEMPLE HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

2158 N HWY US #1
FT. PIERCE FL 34952
US

Mailing Address

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



3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1615 N. US HWY #1

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Fort Pierce, FL

28

Zip

Country

Zip

Country

24 34952

25

29

30

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, REV. ALVIN E. S
3212 LIVE OAK LANE
FT. PIERCE FL 34981

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

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

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

TITLE DV
NAME JONES, VERA
STREET ADDRESS 3087 HAMMOND RD
CITY-ST-ZIP FT. PIERCE FL ☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☒ Change ☐ Addition

Arlena D. Lee
1702 Avenue M
Fort Pierce, FL 34950

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

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

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

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☒ Change ☐ Addition

Deandra Adderly
705 N. 29th St. Apt. 12A
Fort Pierce, FL 34947

TITLE D
NAME MILLER, MICHELLE R.
STREET ADDRESS 3212 LIVE OAK LANE
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JONES, ISAAC LEE
STREET ADDRESS 3087 HAMMOND RD
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☒ Change ☐ Addition

Elizabeth Miller
1109 Mayflower Road
Fort Pierce, FL 34950

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)