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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005756 (1)**

1. Corporation Name

HOLY TEMPLE HOUSE OF PRAYER CHURCH, INC.



Principal Place of Business
**1615 N US HWY #1
FORT 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 **03/25/1996**

4. FEI Number **65-0521613** 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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 34950 Country 28 Zip 34950 Country

24 34950 25 Country 29 34950 30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALVIN E SR.	1.2 NAME	
STREET ADDRESS	1902 N. 37TH ST.	1.3 STREET ADDRESS	3212 Live Oak Lane
CITY-ST-ZIP	FT. PIERCE FL 34950	1.4 CITY-ST-ZIP	34981
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ARLENA D	2.2 NAME	
STREET ADDRESS	1702 AVENUE M	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMES, DOROTHY M	3.2 NAME	
STREET ADDRESS	3214 INDIANA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34947	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADDERLY, DEANDRA	4.2 NAME	Noble, Janice
STREET ADDRESS	705 N 29TH ST AOPT 12A	4.3 STREET ADDRESS	3603 Avenue J
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHELLE R.	5.2 NAME	
STREET ADDRESS	3212 LIVE OAK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ELIZABETH	6.2 NAME	
STREET ADDRESS	1109 MAY FLOWER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071112

CR2E037 (9/96)