

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34950 US		Mailing Address P.O. BOX 1886 FT. PIERCE FL 34950-1886 US		3. Date Incorporated or Qualified 11/21/1994	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0521613	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, REV. ALVIN E. S 3212 LIVE OAK LANE FT. PIERCE FL 34981				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 _____ (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	3212 LIVE OAK LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP				
TITLE	DV	<input checked="" 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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NOBLE, JANICE		4.2 NAME				
STREET ADDRESS	3603 AVENUE J		4.3 STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP				
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 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:  **January 27, 98** (561) 460-9435

CR2E037 (10/97)