

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 10 PM 12:11

DOCUMENT # N94000006287 (6)

1. Corporation Name

HOUSE OF REFUGE PRAYER CENTER GOD'S CALLING GOSP
EL HOLINESS CHURCH INC.

Principal Place of Business

2301 N.W. 139TH ST.
OPA LOCKA FL 33054

Mailing Address

2301 N.W. 139TH ST.
OPA LOCKA FL 33054

3. Date Incorporated or Qualified
12/22/1994

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

4. FEI Number

APPLIED FOR 65-0102701

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, ELIZABETH
2301 N.W. 139TH ST.
OPA LOCKA FL 33054

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 617.1506, 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

TITLE
NAME PD
STREET ADDRESS THOMPSON, ELIZABETH
CITY-ST-ZIP 2301 N.W. 139TH ST.
OPA LOCKA FL 33054

TITLE
NAME VD
STREET ADDRESS JONES, W.J.
CITY-ST-ZIP 2261 N.W. 58TH ST.
MIAMI FL 33142

TITLE
NAME SD
STREET ADDRESS SMITH, SHARING
CITY-ST-ZIP 19213 N.W. 34TH ST.
MIAMI FL 33056

TITLE
NAME TD
STREET ADDRESS MCKENZIE, CASSANDRA
CITY-ST-ZIP 19615 N.W. 32ND CT.
MIAMI FL 33056

TITLE
NAME D
STREET ADDRESS BULTER, DENISE
CITY-ST-ZIP 3250 N.W. 212TH ST.
MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Elizabeth Thompson Elizabeth Thompson 8/4/96-7693563
Date Daytime Phone #

0006014

CR2E037 (3/96)