FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N95000001913 (1)

HOUSE OF PRAYER OF FT. PIERCE, INC.

Principal Place of Business Mailing Address							1011 GB 161 11816 181	181 11998 1111 1981
3701 AVENU		3701 AVENUE O				3. Date Incorporated or Qualified		
FORT PIERO	E FL 34947	FORT PIERCE FL 34947				04/21/1995		
						4. FEI Number		Applied For
						65-0595780		Not Applicable
_ `	Place of Business	2a. Mailing Address				5. Certificate of Status Desired	T	5 Additional
21 Suite Ar	ot. #, etc.	Suite, Apt. #, etc.				& Election Compaign Financing		Required
22	υτ. π, στ ο.	27				6. Election Campaign Financing Trust Fund Contribution		May Be
City & State		City & State				7. Is this nonprofit corporation a homeowners association?		
23		28				☐ Yes	-	
Zip	Country	Zip Country		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30.	Yes	∐ No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registe	rea Agent	**
				•	INAITIO			
HILL, ROBERT			.	82 Street Address (P.O. Box Number is Not Acceptable)				
	AVENUE O			83				
FURI	PIERCE FL 34947		1	••				
				84	City		FL 85 Z	ip Code
11. Pursua	nt to the provisions of Sections 617.	0502 and 617.1508, Florida Statut	es, the at	OOVO	-named c	corporation submits this statement for the purpo-	se of changing	g its registered
office o	or registered agent, or both, in the St I am familiar with, and accept the ob-	tate of Florida. Such change was a plications of Section 617,0503. Flo	authorize: orida Stat	d by utes	the corpo	oration's board of directors. I hereby accept the	appointment	as registered
_								
SIGNATUR	Signature, typed or printed name of registered	d agent and title if applicable. (NOT	E: Registered	d Ager	nt signature r	required when reinstating) DA		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	VMD	LI DELETE		1.1 THILE			☐ Chang	je 🔲 Addition
NAME	HILL, GLORIA		1.2 NAME					
STREET ADDRES			1.3 STREET ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL 34947	T DELETE		1.4 CITY-ST-ZIP			Chans	e Addition
TITLE	DS ANOTHA			2.1 TITLE 2.2 NAME			L Chang	le 🗀 Madilloll
NAME ATTES ADDRESS	WILLIAMS, ANGELIA S 1220 AVE. O APT B		2.3 STREET ADDRESS					
STREET ADDRES	FT. PIERCE FL 34950	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP	DT	DELETE	·· ···· · · · · · · · · · · · · · · ·		II-ZIF	***	Chang	e Addition
NAME				3.2 NAME				
STREET ADDRES					ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL 34950			3.4. CITY-ST-ZIP				
TITLE	P	☐ DELE te		4.1 TITLE			☐ Chang	e 🔲 Addition
NAME	HILL, ROBERT		4. 2 N	4. 2 NAME				
STREET ADDRES	s 3701 AVE O	-		REET	ADDRESS			
CHY-ST-ZIP	FT PIERCE FL 34950		4.4 CI	4.4 CITY - ST - ZIP				
		☐ DELETE	5.1 TITLE 5.2 NAME ***			And the first time time time time time time.	Chang	e Addition
						2000025084 -05/04/9801002	# > 건	
THE TROPES	\$		5.3 ST	5.3 STREET ADDRESS		***61.25	-U12	
CITY-ST-ZIP		The series	5.4 CI		T- ZIP	- 本本本Q1。C3		a 33(a)
TITLE NAME &		DELETE	6.1 T()	-			☐ Chang	e 🔲 Addition
			62 NA	LKSH .			/ h	

5.1.2IP

Let proby \$6.2 v.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 in 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 of 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.

6.3 STREET ADDRESS

01 4 3

STREET ADDRESS

4-18-58 1520 468-8500

FILED

May 01 1998 8:00am

Secretary of State

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