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Feb 21, 1999 8:00 am
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02-21-1999 90005 042 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001913

1. Corporation Name

HOUSE OF PRAYER OF FT. PIERCE, INC.

* 88484 . 90005 . 424 *

Principal Place of Business

3701 AVENUE O
FORT PIERCE FL 34947

Mailing Address

3701 AVENUE O
FORT PIERCE FL 34947



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0595780	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

HILL, ROBERT
3701 AVENUE O
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

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	VMD	1.1 TITLE	
NAME	HILL, GLORIA	1.2 NAME	
STREET ADDRESS	3701 AVE O	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34947	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	WILLIAMS, ANGELIA	2.2 NAME	
STREET ADDRESS	1220 AVE. O APT B	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	BAGLEY, SHELIA	3.2 NAME	
STREET ADDRESS	807 N 23RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	HILL, ROBERT	4.2 NAME	
STREET ADDRESS	3701 AVE O	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: *Robert Hill* RECORDED. H:11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99 (561) 467-8900

Date

Daytime Phone #