FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Busin
5612 SW 18 ST
HOLLYWOOD FL 33023
119

FILED May 04, 1999 8:00 am § Secretary of State 05-04-1999 90153 042 ****61.25

	1999	05-04-1999 90153 042 ****61.25					
	MENT # N95000	0005267					
JESUS (CHRIST CHURCH OF PRAY	er and deliverance in		,	482429 - 90153 - 42		
				- ·			
5612 SW 18 S		Mailing Address 5612 SW 18TH ST HOLLYWOOD FL 33023					
HOLLYWOOD US	FL 33023	HOLLIWOOD FL 33023			ini bili dali balik balik balik balik da		
2. Principal P	Place of Business	2a. Mailing Address 26		3. Date Incorporated or Qualifed 11/03/1995			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		_ ``	lied For
2		27		65-0748654			Applicable
City & Star 3		28	City & State		tus Desired	\$8.75 A	quired
_ Zip ¬	Country	Zip	Country	6. Election Campai Trust Fund Cont		- \$5.00 i	
4	9. Name and Address of Currer	29 30			ress of New Registered		7 1 863
	5. Name and Address of Curren	it vehistered whent	81 Name	TV. Harry and your			
	ISHOP JERRY		82 Street Add	ress (P.O. Box Number	is Not Acceptable)	 ;	
5612 SW			83				
HULLTWU	OOD FL 33023			·	<u> </u>	Jack Tip C	
			84 City		FL	- 85 Zip C	
11. Pursuant office or a agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	22 and 617.1508, Florida Statutes, of Florida. Such change was authoritions of, Section 617.0503, Florida	he above-named corporation of the corporation of th	oration submits this sta on's board of directors.	tement for the purpose of I hereby accept the appoi	changing its in ntment as reg	egistered istered
SIGNATURE	•						
	Signature, typed or printed name of registered age		istered Agent signature require		NGES TO OFFICERS AN	D DIRECTOR	RS IN 12
12.		ID DIRECTORS	13.	ADDITIONS/OTA	HOLD TO OIT TOLKS AL	Change	Addition
TITLE	PCD CLARK, JERRY		1.2 NAME				
NAME STREET ADDRESS			1.3 STREET ADDRESS			,.	1
	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP	•	•		
CITY-ST-ZIP TITLE	DS	☐ DELETE	2.1 TITLE	 		☐ Change	☐ Addition
NAME	CLARK, CYNTHIA		2.2 NAME		• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS	5612 SW 18TH ST		2.3 STREET ADDRESS		,		Í
CITY-ST-ZIP	HOLLYWOOD FL 33023	· • •	2.4 CITY-ST-ZIP	** ***	والنبي الراكسي ورواجه	 .,	; ·,
TITLE	D	☐ DELETÉ	3.1 TITLE			Change	☐ Addition
NAME	WARD, MOTHER TANSY		3.2 NAME		*		1
STREET ADDRESS	1 . ,		-3.3 STREET ADDRESS		•• •		
CITY-ST-ZIP	FT. LAUDERDALE FL	E priett	3.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	D DOTHER	☐ DELETE	4.1 TITLE		•	_ cgo	D. radiiia
NAME	MICHELL, ROTUNDA	•	4. 2 NAME		* :		
STREET ADDRESS	702 N.W. 10 STREET		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		***	:	
CITY-ST-ZIP TITLE	POMPANO FL	☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME		•	5.2 NAME				ł
STREET ADDRESS	,		5.3 STREET ADDRESS			:- ·	
CITY-ST-ZIP		,	5.4 CITY-ST-ZIP				· ;
TITLE		☐ DELETE	6.1 TTILE			☐ Change	☐ Addition
NAME :			6.2 NAME				
CTDEET ADDDECC				•		-	
STREET ADDRESS			6.3 STREET ADDRESS				İ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		vida Statutae I further car	: '	-formatia-

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.

4-27-99-954-981-1956 Date Date Dayline Phone #