

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000004135 (6)

1. Corporation Name

HOUSE OF PRAYER HEALING AND DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

3614 LOUISIANA AVE.
TAMPA FL 33610

C/O PASTOR MARY HARRIS
1513 MARTIN LUTHER KING BLVD
TAMPA FL 33605

2. Principal Place of Business

21 1513 Martin Luther King

2a. Mailing Address

26 1513 Martin Luther King

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa Florida

27 Tampa Florida

City & State

City & State

23 Zip 33610

25 Hillsborough

28 Zip 33610

30 Hillsborough

9. Name and Address of Current Registered Agent

FINLEY, IDA
1510 EAST SLUGH AVE.
TAMPA FL 33605

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

59-3455205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

I, above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

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 ☐ DELETE

NAME HARRIS, MARY
STREET ADDRESS 1513 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ DELETE

NAME HARRIS, BUEFORD
STREET ADDRESS 1513 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ DELETE

NAME POWELL, ANTOINETTE
STREET ADDRESS 1513 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE

NAME FINLEY, IDA
STREET ADDRESS 1510 EAST SLUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ Change ☐ Addition

NAME HARRIS, MARY
STREET ADDRESS 1513 Martin Luther King Blvd
CITY-ST-ZIP Tampa, Florida 33610

TITLE ☐ Change ☐ Addition

NAME DU
STREET ADDRESS Carmen Lopez
1511 E ML King Blvd
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition

NAME Jose Lopez
STREET ADDRESS 1511 E ML King Blvd
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: Pastor Mary L. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR

7-5-98

Date

241-8483

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 09 1998 8:00am³
Secretary of State

