## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700005838 (4)

FIRST BORN HOUSE OF PRAYER, INC.

FILED Jun 18 1998 8:00am Secretary of State

THIS BOTH HOUSE OF THATEIN MO.						
Principal Plac	e of Business	Mailing Address			r reamlas ese sarn sann annn anns anns anns dhiùt birdt 1828 (tildt 1832 i	
805 EAST HENDERSON BLVD. TAMPA FL 33603		805 EAST HENDERSON BLVD. TAMPA FL 33603			Date Incorporated or Qualified     10/16/1997	
					4. FEI Number Applied Fo	or nc
	_				59-27/6735 Not Applic	able
2. Principal F	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additions	al
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes ☐ No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29 3			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent	041		10. Name and Address of New Registered Agent	
			81	Name		
SNIPES, ROBERT 5817 E. 30TH STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 83019			83			
""			24	014	lat 7: Oods	
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes,	the above	named c	corporation submits this statement for the purpose of changing its registe	ərəd
oπice or i	registered agent, or both, in the State im <b>jam</b> iliar with, and accept the oblig	ations of, Section 617.0503/Florid	nonzed by da Statutes	the corpo	oration's board of directors. I hereby accept the appointment as register	ea
SIGNATURE	Koket Drug	US Kastar			6- 98	
	Signature, typed or punted name of registered ag	ent and little if applicable. (NOTE: R		nt erutengia In	required when reinstating) DATE	
12.	DEFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SNIPES, ROBERT (PASTOR)		1.2 NAME		E Criange E Auc	JIIIOII
STREET ADDRESS	7922 ENDINE AVE.			ADDDCCC		
1	TAMPA FL		1.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Ado	dition
NAME	RUCKER, INEZ		2.2 NAME			
STREET ADDRESS	7922 DABLIA AVE.		2.3 STREET	ADDRESS		
CITY-ST-ZIP TAMPA FL		2 4 CITY-ST-ZIP		į.		
TITLE	Ď	DELETE	3.1 TITLE		· Change Ado	dition
NAME	MIDDLETON, RUFUS M		3.2 NAME			
STREET ADDRESS	7922 ENDINE AVE. De	COND	3.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		3.4. CiTY - S	T- <b>Z</b> IP		
TITLE	DS	☐ DELETE	41 TITLE		☐ Change ☐ Add	dition
NAME	MIDDLETON, IRENE		4. 2 NAME			
STREET ADDRESS	7922 ENDINE AVE.		4.3 STREET	address	<b>.</b>	
CITY-ST-ZIP	TAMPA FL 33603		4.4 CITY-ST	1-ZIP	EVANGLIST.	
TITLE		, DELETE	5.1 TITLE	l∂	EVAHELIST. Cybic nell Mwphy Change X Add TO 3 E. Helderson Aux Tampa FLA 55600	dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS	703 K. Helyerson Hux	
CITY-ST-ZIP		hritte	5.4 CITY - ST	r-ZIP	10m/19 1-14 33602	ditio -
TOLE		☐ DELETE	6.1 TITLE		? ☐ Change ☐ Add	חטוונ
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY.ST.7IP	1		■ KACHIY-CI	- /IP		

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 KOLLA DALEN 18