## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N97000005838**

FIRST BORN HOUSE OF PRAYER, INC.

## Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90095 038 \*\*\*\*61.25

	—					
Principal Place of Business Mailing Address			· ·			
805 EAST HENDERSON BLVD.  TAMPA FL 33603  TAMPA FL 33603  TAMPA FL 33603						
2. Principal Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 10/16/1997		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2716735	Applied For Not Applicable	
City & State	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country  24 25	Zip 29	Count	ry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Name and Address of Current Registered Agent			,	10. Name and Address of New Registe	red Agent	
		. 8	1 Name	•		
SNIPES, ROBERT 5817 E. 30TH STREET TAMPA FL 33019			82 Street Address (P.O. Box Number is Not Acceptable)			
		8	3			
, ·		8	4 City		FL 85 Zip Code	
office or registered agent, or both, in th agent. I am familiar with, and accept th	617.0502 and 617.1508, Florida Stat le State of Florida. Such change was le obligations of, Section 617.0503, F	utes, the abo authorized b lorida Statute	ve-named co y the corpora es.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered ppointment as registered	
SIGNATURE Signature, typed or printed name of regis	stered agent and title if applicable. (NO	TE: Registered Ag	ent signature requ	uired when reinstating) DAT		
12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER	<u> </u>	
TITLE D	☐ DELÈ⊥E	1.1 TrillE		*	☐ Change ☐ Addition	
NAME SNIPES, ROBERT PASTOR		1.2 NAME	:		•	
STREET ADDRESS 7922 ENDINE AVE.		1.3 STRE	ET ADDRESS	•	,	
CITY-ST-ZIP TAMPA FL		1.4 CITY-	ST-ZIP			
TITLE , D	DELETE	2.1 TITLE			Change Addition	
NAME \ RUCKER, INEZ		2.2 NAME	<b>.</b>	- American Control of the Control of		
STREET ADDRESS 7922 DABLIA AVE.		2.3 STRE	ET ADDRESS	* * * * * * * * * * * * * * * * * * *	· · · ·	
CITY-ST-ZIP TAMPA FL		2.4 CITY		ŧ.		
TITLE D	☐ DELETE	3.1 TITLE	:	,	Change Addition	
NAME MIDDLETON, RUFUS M		3.2 NAME	:	•		

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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

7922 ENDINE AVE.

MIDDLETON, IRENE

7922 ENDINE AVE.

MURPHY, CUBIE NELL

703 E HENDERSON AVENUE

**TAMPA FL 33603** 

TAMPA FL 33602

**TAMPA FL 33603** 

DELETE

□ DELETE

DELETE

Change

Change

Change

Addition

Addition

☐ Addition