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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90256 023 \*\*\*\*\*8.75

03-01-1999 90256 024 \*\*\*\*\*61.25

DOCUMENT # N97000006533

1. Corporation Name

GOD'S WORD HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

3406 MOUNTAINLAKE CUTOFF ROAD  
LAKE WALES FL 33853

Mailing Address

1302 FAIRBANKS ST  
LAKELAND FL 33805



2. Principal Place of Business

21 204 Myrtle Street

Suite, Apt. #, etc.

22 Dundee, Fla.

City & State

23 33838

Zip

24

Country

25

2a. Mailing Address

26 1302 Fairbanks St.

Suite, Apt. #, etc.

27 Lakeland, Fla.

City & State

28 33805

Zip

29

Country

30

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3387147

Applied For

Not Applicable

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

Trust Fund Contribution

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, LORIA  
1302 FAIRBANKS STREET  
LAKELAND FL 33805

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 agent 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

Elder Pastor Loria Thomas Loria Thomas

1-7-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D THOMAS, LORIA

NAME THOMAS, LORIA

STREET ADDRESS 1302 FAIRBANKS ST

CITY-ST-ZIP LAKELAND FL 33805

TITLE D THOMAS, JAMES

NAME THOMAS, JAMES

STREET ADDRESS 1302 FAIRBANKS ST

CITY-ST-ZIP LAKELAND FL 33805

TITLE D HARGROVE, DECONESS P

NAME HARGROVE, DECONESS P

STREET ADDRESS 638 CORONET ST

CITY-ST-ZIP PLANTY CITY FL 33566

TITLE D GRANT, KATHY

NAME GRANT, KATHY

STREET ADDRESS 2093 AVE H.N. EAST

CITY-ST-ZIP WINTER HAVEN FL

TITLE D SEBASTIANO, SANDRA

NAME SEBASTIANO, SANDRA

STREET ADDRESS 6107 DONEGAL WEST

CITY-ST-ZIP LAKELAND FL 33813

TITLE D

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S.D. Winter Delores  
1111 Hodges Rd. Apt 3  
Lakeland, Florida 33805

Welch, Benjamin  
P.O. Box 4112  
Winter Haven, Fla. 33885

C.D. - 49  
Thoma, James  
1302 Fairbanks St.  
Lakeland, Fla. 33805

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:

P.D. Loria Thomas Loria Thomas

1-7-99

(941) 686-2862

Signature, typed or printed name of signing officer

Date

Daytime Phone

CR2E037 (11/98)

0055874