

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90037 035 ****61.25

DOCUMENT # N98000002316

1. Corporation Name

THE HOUSE OF PRAYER, PRAISE, AND WORSHIP, INC.

487622 - 90037 - 35

Principal Place of Business

700 E. HICKORY ST.
SANFORD FL 32771

Mailing Address

700 E. HICKORY ST.
SANFORD FL 32771



2. Principal Place of Business

21 **127 SCOTT DRIVE**

2a. Mailing Address

26 **127 SCOTT DRIVE**

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

59-3538664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 **SANFORD, FL**

City & State

28 **SANFORD, FL**

Zip

24 **32771**

Country

Zip

29 **32771**

Country

30

9. Name and Address of Current Registered Agent

BLUE, BISHOP
700 E. HICKORY ST.
SANFORD FL 32771

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 office 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 *Bishop Blue*
Signature, typed or printed name of registered agent and title if applicable.

BISHOP BLUE, PRESIDENT

4-28-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BLUE, BISHOP**
STREET ADDRESS **127 SCOTT DR.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE
NAME **BLUE, MARTHA**
STREET ADDRESS **127 SCOTT DR.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE
NAME **ADSID, TIMOTHY**
STREET ADDRESS **522 WINTER CIRCLE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Bishop Blue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

DATE

Daytime Phone #

CR2E037 (1/98)