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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000004752

1. Corporation Name

INTERNATIONAL PRAYER WARRIORS CHURCH AND GENERAL CENTER, USA, INC.

Principal Place of Business

452 OSCEOLA STREET SUITE 103  
ALTAMONTE SPRINGS FL 32701

Mailing Address

452 OSCEOLA STREET SUITE 103  
ALTAMONTE SPRINGS FL 32701



MOVED TO:

2. Principal Place of Business

21 523 Douglas Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 523 Douglas Avenue  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/17/1998

22

27

4. FEI Number

59-3528-738

Applied For

Not Applicable

23

28

5. Certificate of Status Desired

Yes

\$8.75 Additional Fee Required

City & State

ALTAMONTE SPRINGS FLORIDA

City & State

FLORIDA

Zip

FLORIDA

Country

USA

Zip

32714

Country

USA

6. Election Campaign Financing

NO

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

YANEZ, DAVID M  
452 OSCEOLA STREET SUITE 103  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name (SAME) DAVID M. YANEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 2103 GRAND BROOK CIRCLE  
83 Apt. 1110-B  
84 City ORLANDO  
85 Zip Code FL 32810

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth, 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

*Change*  
*Signature*

KEY: DAVID M. YANEZ

4-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YANEZ, DAVID M	
STREET ADDRESS	676 SABEL PALM CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YANEZ, ELIZABETH	
STREET ADDRESS	676 SABEL PALM CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKHART, KEVIN	
STREET ADDRESS	485 CHICKEE COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKHART, JOANNA	
STREET ADDRESS	485 CHICKEE COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, NANCY C	
STREET ADDRESS	37106 ROYAL OAK ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, KATHERINE	
STREET ADDRESS	16100 DORA AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	2103 Grand Brook Circle	
1.4 CITY-ST-ZIP	ORLANDO, FL 32810 #1110B	
2.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	2103 Grand Brook Circle Apt. 1110-B	
2.4 CITY-ST-ZIP	ORLANDO, FL 32810	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 reports 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID M. YANEZ 4-14-99 (407) 331-5134

Date

Daytime Phone #

CR2E037 (11/98)