

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714847

**Entity Name:** HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

**Current Principal Place of Business:**

2445 N.W 62ND STREET  
MIAMI, FL 33147

**Current Mailing Address:**

1005 NE 92 STREET  
MIAMI SHORES, FL 33138

**FEI Number: 59-6170398**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WATSON, ALBERT  
1005 NE 92 ST  
MIAMI SHORES, FL 33138 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name WATSON, ALBERT JR.  
Address 1005 NE 92 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title V/D  
Name CURRY, JAMES  
Address 2445 W. 62 ST  
City-State-Zip: MIAMI FL 33147

Title S/D  
Name GOODSON, GWENDOLYN R  
Address 2445 NW 62 ST  
City-State-Zip: MIAMI FL 33147

Title T/D  
Name BILLINGSLEA, SHERWIN  
Address 2445 NW 62 STREET  
City-State-Zip: MIAMI FL 33147

Title D  
Name JOHNSON, BERTHA  
Address 2445 NW 62 STREET  
City-State-Zip: MIAMI FL 33147

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALBERT WATSON JR**

**PRESIDENT/PASTOR**

**05/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date