

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003721

Entity Name: HOUSE OF PRAYER WORSHIP CENTER, INC.**Current Principal Place of Business:**763 WEST BOULEVARD
CHIPLEY, FL 32428**Current Mailing Address:**763 WEST BOULEVARD
CHIPLEY, FL 32428**FEI Number:** 05-0568952**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCKINNIE, ANTHONY
1087 SOUTH BOULEVARD
CHIPLEY, FL 32428 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 PASTOR/PRESIDENT
Name MCKINNIE, ANTHONY
Address 1087 SOUTH BOULEVARD
City-State-Zip: CHIPLEY FL 32428

Title SECRETARY
Name WARE, SHAMARA
Address 847 THIRD STREET
City-State-Zip: CHIPLEY FL 32428

Title TREASURER
Name MOCK, BETTY
Address 1451 JOE NEEL ROAD
City-State-Zip: CHIPLEY FL 32428

Title TRUSTEE
Name MCKINNIE, LATONIA
Address 1167 6TH AVENUE
City-State-Zip: CHIPLEY FL 32428

Title TRUSTEE
Name STEELE, LASHANDA
Address 1087 SOUTH BOULEVARD
City-State-Zip: CHIPLEY FL 32428

Title VP
Name MCKINNIE, THERESA
Address 1087 SOUTH BOULEVARD
City-State-Zip: CHIPLEY FL 32428

Title TRUSTEE
Name WARE, TYRONE
Address 847 THIRD STREET
City-State-Zip: CHIPLEY FL 32428

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: THERESA MCKINNIE

VP

05/31/2015

Electronic Signature of Signing Officer/Director Detail_____
Date