

**2018 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: ANTHONY MCKINNIE**

**PASTOR**

**05/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date