

2019 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/PRESIDENT****05/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date