

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002900

**FILED**  
**Apr 22, 2017**  
**Secretary of State**  
**CC7071589163**

**Entity Name:** HOUSE OF PRAYER, WORSHIP AND PRAISE CENTER, INC.

**Current Principal Place of Business:**

930 29TH STREET NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

930 29TH STREET NW  
WINTER HAVEN, FL 33881 US

**FEI Number: 81-2638649**

**Certificate of Status Desired: No**

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

FOWLER, GUS L  
930 29TH STREET NW  
WINTER HAVEN, FL 33881 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  
Name FOWLER, GUS L  
Address 930 29TH STREET NW  
City-State-Zip: WINTER HAVEN FL 33881

Title EP  
Name FOWLER, DANALE  
Address 930 29TH STREET NW  
City-State-Zip: WINTER HAVEN FL 33881

Title S  
Name BATES, SHARONDA  
Address 322 SHAD WAY  
City-State-Zip: POINCIANA FL 34759

Title T  
Name WILSON, DARLENE  
Address 1115 AVE N  
City-State-Zip: HAINES CITY FL 33844

*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: GUS L. FOWLER**

**PRESIDENT**

**04/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date