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Feb 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706996

1. Corporation Name
ST. TIMOTHY PRAYER HOUSE, INC.

Principal Place of Business 6759 RICHARDSON ROAD JACKSONVILLE FL 32219-3838	Mailing Address 6759 RICHARDSON ROAD JACKSONVILLE FL 32219-3838
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/18/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2422028
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, THOMAS C
4849 MISSISSIPPI COURT
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, DORETHA
STREET ADDRESS	4849 MISSISSIPPI CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MACK, AARON G
STREET ADDRESS	2381 BEAUMONT ST.
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, THOMAS C
STREET ADDRESS	4849 MISSISSIPPI CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	SMITH, LEROY
STREET ADDRESS	4819 VERMONT RD.
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	T <input type="checkbox"/> DELETE
NAME	ROBINSON, GERALDINE
STREET ADDRESS	5620 MAHALIA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-1-99 DAYTIME PHONE #: 904-7651960

CR2E037 (11/98)