

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706996

FILED
Aug 06, 2009
Secretary of State

Entity Name: ST. TIMOTHY PRAYER HOUSE, INC.

Current Principal Place of Business:

6759 RICHARDSON ROAD
JACKSONVILLE, FL 322193838

New Principal Place of Business:

Current Mailing Address:

6759 RICHARDSON ROAD
JACKSONVILLE, FL 322193838

New Mailing Address:

FEI Number: 59-2422028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, THOMAS C
4849 MISSISSIPPI COURT
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DORETHA
Address: 4849 MISSISSIPPI CT
City-St-Zip: JACKSONVILLE, FL 00000,

Title: D () Delete
Name: JACKSON, BETTY
Address: 1995 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: JONES, THOMAS C
Address: 4849 MISSISSIPPI CT
City-St-Zip: JACKSONVILLE, FL 00000,

Title: T () Delete
Name: ROBINSON, GERALDINE
Address: 5620 MAHALIA DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: BRINSON, CARLETHA
Address: 2486 WHISPERING WOOD BLVD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS C. JONES JR

PAST

08/06/2009

Electronic Signature of Signing Officer or Director

_____ Date