FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002853 (0)

1. Corporation Name

OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FO UNDATION, INC.

Principal Place of Business	Mailing Address
701 BAYVIEW AVE CLEARWATER FL 34624 US	702 BAYVIEW AVE CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-3208709 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 702 Bayview Avenue	2a. Mailing Address 26 702 Bayview Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip / Country 24 34619 / 25 USA	Zip / Country 29 34619 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLINE, HARRY S 400 CLEVELAND STREET STE 800 CLEARWATER FL 34615	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, DIANE	12 NAME	300001484783
STREET ADDRESS	702 BAYVIEW AVE	13 STREET ADDRESS	-05/12/95--01003--020
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	*****61.25 **~~34~~61.25
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	SCHOENBERGER, LARRY	22 NAME	
STREET ADDRESS	725 BAYVIEW AVE	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	34619
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SPACH, BETSY	32 NAME	
STREET ADDRESS	702 BAYVIEW AVE	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	34619
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Davis, Joanne
STREET ADDRESS		43 STREET ADDRESS	702 Bayview Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Clearwater, Florida 34619
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	5/1/95 MB
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Diane F. Brown - DIANE F. BROWN, April 28, 1995 - 724-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006150