

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002853 (0)**

1. Corporation Name

OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**702 BAYVIEW AVE
CLEARWATER FL 34619
US**

**702 BAYVIEW AVE
CLEARWATER FL 34619
US**

3. Date Incorporated or Qualified

06/21/1993

4. FEI Number

59-3208709

Applied For
☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 702 So. Bayview Ave.	26 702 So. Bayview Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Clearwater, FL	28 Clearwater, FL
Zip	Zip
24 33759	29 33759
Country	Country
25 US	30 US

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DIANE	1.2 NAME	
STREET ADDRESS	702 BAYVIEW AVE	1.3 STREET ADDRESS	702 So. Bayview Ave.
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENBERGER, LARRY	2.2 NAME	
STREET ADDRESS	725 BAYVIEW AVE	2.3 STREET ADDRESS	725 So. Bayview Ave.
CITY-ST-ZIP	CLEARWATER FL 34619	2.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURK, SALLY G	3.2 NAME	
STREET ADDRESS	702 BAYVIEW AVE	3.3 STREET ADDRESS	702 So. Bayview Ave.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, STANLEY	4.2 NAME	
STREET ADDRESS	702 BAYVIEW AVENUE	4.3 STREET ADDRESS	702 So. Bayview Ave.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mooney, Bert
STREET ADDRESS		5.3 STREET ADDRESS	702 So. Bayview Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Stanley C. Wright

4/15/98 813-725-8274

SIGNATURE:

CP2E037 (10/97)