

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 017 ****61.25

DOCUMENT # N93000002853 1. Entity Name OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FOUNDATION, INC.					
Principal Place of Business 702 S BAYVIEW AVE CLEARWATER, FL 33759 US			Mailing Address 702 S BAYVIEW AVE CLEARWATER, FL 33759 US		
2. Principal Place of Business 711 S. BAYVIEW AVE Suite, Apt. #, etc.			3. Mailing Address 711 S. BAYVIEW AVE Suite, Apt. #, etc.		
City & State CLEARWATER, FL		City & State CLEARWATER, FL		4. FEI Number 59-3208709	
Zip 33759		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, HARRY S 400 CLEVELAND STREET STE 800 CLEARWATER, FL 34615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DIANE 702 S BAYVIEW AVE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DIANE 711 S. BAYVIEW AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURK, SALLY G 702 S BAYVIEW AVE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURK, SALLY G 711 S. BAYVIEW AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOONEY, BERT 702 S BAYVIEW AVE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOONEY, BERT 711 S. BAYVIEW AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATCLIFFE, CHUCK 702 S BAYVIEW AVE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATCLIFFE, CHUCK 711 S. BAYVIEW AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF 165 WOODCREEK DR. N. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF 165 WOODCREEK DR. N. SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF 165 WOODCREEK DR. N. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF 165 WOODCREEK DR. N. SAFETY HARBOR, FL 34695
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Diane Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/06 (727) 797-7412 <small>Date Daytime Phone #</small>		