

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748147** (6)

1. Corporation Name

**THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL H  
OUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA**

Principal Place of Business

Mailing Address

**242 W. 17 ST  
JACKSONVILLE FL 32206  
US**

**% 242 WEST 17TH STREET  
JACKSONVILLE FL 32206**



3. Date Incorporated or Qualified  
**07/20/1979**

3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 **242 W 17 St**

26 **242 W 17 St**

Suite, Apt. #, etc. **Jacksonville Fla**

Suite, Apt. #, etc. **Jacksonville**

City & State **Jacksonville Fla**

City & State **Fla**

Country **Dual**

Country **Dual**

24 **32206** 25

29 **32206** 30 **Dual**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☒ **\$5.00 May Be  
Added to Fees**

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

**CLARK, EVANG ETHEL E.  
242 W 17 ST  
JACKSONVILLE FL 32206**

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 *Ethel Clark*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **CLARK, ETHEL E., EVANG.**  
STREET ADDRESS **242 WEST 17TH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **MARTIN, MINNIE LEE**  
STREET ADDRESS **1553 MT. HERMAN**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **BURTON, MAGGIE LEE**  
STREET ADDRESS **1513 DON CASTER AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SMITH, PEARLENA C.**  
STREET ADDRESS **3617 ARDISIA RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **DALLAS, MAGGIE J.**  
STREET ADDRESS **802 COURT "E"**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **ANDREWS, ESTELLER H**  
STREET ADDRESS **641 FERN STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Ethel Clark* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0077367**

CR2E037 (9/96)