

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754674

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC7161107257**

**Entity Name:** OUR LADY OF DIVINE PROVIDENCE, HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

711 S BAYVIEW AVE  
CLEARWATER, FL 33759

**Current Mailing Address:**

711 S BAYVIEW AVE  
CLEARWATER, FL 33759 US

**FEI Number:** 59-2067483

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, DIANE F  
711 S BAYVIEW AVE  
CLEARWATER, FL 33759 US

*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

**Officer/Director Detail :**

Title PD  
Name BROWN, DIANE F  
Address 711 S BAYVIEW AVE  
City-State-Zip: CLEARWATER FL 33759

Title VPD  
Name SCALLON, KEVIN REV  
Address 711 S BAYVIEW AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title SD  
Name TOUPS, DAVID REV  
Address 711 S BAYVIEW AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title TD  
Name GOODWIN, ALICIA  
Address 711 S BAYVIEW AVENUE  
City-State-Zip: CLEARWATER FL 33759

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANE BROWN

**PRESIDENT**

**01/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date