

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002429

**Entity Name:** PRAYER HOUSE ADULT DAY CARE INC

**Current Principal Place of Business:**

519 PEACE DRIVE  
KISSIMMEE, FL 34759

**Current Mailing Address:**

519 PEACE DRIVE  
KISSIMMEE, FL 34759 US

**FEI Number:** 46-2225785

**Certificate of Status Desired:** No

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

SMILEY, MURLETA  
519 PEACE DRIVE  
KISSIMMEE, FL 34759 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 D  
Name SMILEY, MURLETA A  
Address 519 PEACE DRIVE  
City-State-Zip: KISSIMMEE FL 34759

Title VPD  
Name BOOTHE, SHERON I  
Address 527 BRISTOL CIRCLE  
City-State-Zip: KISSIMMEE FL 34758

Title MGRS  
Name HINES, VALERIE  
Address 53 ALICANTE COURT  
City-State-Zip: KISSIMMEE FL 34758

*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:** MURLETA SMILEY

MRS.

03/01/2018

Electronic Signature of Signing Officer/Director Detail

Date