

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002853

Entity Name: OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER
FOUNDATION, INC.**Current Principal Place of Business:**711 S BAYVIEW AVE
CLEARWATER, FL 33759**Current Mailing Address:**711 S BAYVIEW AVE
CLEARWATER, FL 33759**FEI Number: 59-3208709****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLINE, HARRY S
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET STE 200
CLEARWATER, FL 33756 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	EX-OFFICIO
Name	BROWN, DIANE F
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33759

Title	SD
Name	BROWN, JARED D
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33759

Title	PRESIDENT
Name	GOODWIN, ALICIA
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33579

Title	TD
Name	RENFROW, JEANNETTE
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33759

Title	D
Name	PAUL, REILLY
Address	711 S. BAYVIEW AVENUE
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	CONNELLY, JOHN
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33759

Title	OFFICER
Name	WATERS, JOSEPH REV.
Address	711 S BAYVIEW AVE
City-State-Zip:	CLEARWATER FL 33759

Title	VP
Name	GRIGG, JANICE
Address	711 S BAYVIEW AVE
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: ALICIA GOODWIN**PRESIDENT****04/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date