

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 706996 (6)
1. Corporation Name
ST. TIMOTHY PRAYER HOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6759 RICHARDSON ROAD
JACKSONVILLE FL 32219-3838**

Mailing Address
**6759 RICHARDSON ROAD
JACKSONVILLE FL 32219-3838**

3. Date Incorporated or Qualified
03/18/1964

3a. Date of Last Report
05/01/1994

4. FBI Number
59-2422028

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**JONES, THOMAS C
4849 MISSISSIPPI COURT
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, DORETHA
STREET ADDRESS 4849 MISSISSIPPI CT
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE D
NAME MACK, AARON G
STREET ADDRESS 2381 BEAUMONT ST.
CITY - ST - ZIP JACKSONVILLE FL 32209

TITLE D
NAME JONES, THOMAS C
STREET ADDRESS 4849 MISSISSIPPI CT
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE T
NAME SMITH, LEROY
STREET ADDRESS 4819 VERMONT RD.
CITY - ST - ZIP JACKSONVILLE FL 32209

TITLE T
NAME ROBINSON, GERALDINE
STREET ADDRESS 5820 MAHALIA DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas C. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95
(Date)

904-765-1260
Telephone Number