

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711648 (6)
1. Corporation Name

THE EVANGELICAL HOUSE OF PRAYER, INC.



Principal Place of Business: 3236 MCKETHAN ROAD, DADE CITY FL 33525
Mailing Address: 3236 MCKETHAN ROAD, DADE CITY FL 33525

3. Date Incorporated or Qualified: 10/17/1966
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

4. FEI Number: 59-2959336
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
O'NEAL, ERVIN A.
5788 N. HIGHWAY 98
DADE CITY FL 33525

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Ervin A. O'Neal* (Signature, typed or printed name of registered agent and title if applicable)
Ervin A. O'Neal (Registered Agent signature required when resigning)
3/4/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	O'NEAL, ERVIN A.	1.2 NAME	
STREET ADDRESS	5788 N. HIGHWAY 98	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	O'NEAL, BETTY J.	2.2 NAME	
STREET ADDRESS	5788 N. HIGHWAY 98	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST
NAME	SELF, BETSY K.	3.2 NAME	Benaud, Betsy K.
STREET ADDRESS	411 SO. 5TH STREET	3.3 STREET ADDRESS	P.O. Box 153
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	Lakeland, FL 33525
TITLE	D	4.1 TITLE	TAMMAY D. O'NEAL
NAME	O'NEAL, LARRY E.	4.2 NAME	5000 J. Himes #536
STREET ADDRESS	1909 CATALINA DRIVE	4.3 STREET ADDRESS	TAMPA, FL 33611
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	D - Title
TITLE	D	5.1 TITLE	D
NAME	O'NEAL, DERRYL B.	5.2 NAME	O'Neal, Derryl B.
STREET ADDRESS	GEN. DEL., P.O. #1845	5.3 STREET ADDRESS	36848 Chaney Rd
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	D	6.1 TITLE	
NAME	HOLLAND, CINDY	6.2 NAME	
STREET ADDRESS	36848 CHANCEY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	6.4 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: *Ervin A. O'Neal* (Signature and typed or printed name of signing officer or director)
Ervin A. O'Neal
3/4/96 (Date)
904 583-4293 (Daytime Phone #)

CR2E037 (12/95)