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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
3236 MCKETHAN ROAD 3236 MCKETHAN ROAD  
DADE CITY FL 33525 DADE CITY FL 33523-9221

3. Date Incorporated or Qualified 10/17/1966  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address  
21 Same as Above 26 Same

4. FEI Number 59-2959336  
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution No \$5.00 May Be Added to Fees

24 Zip 25 Country U.S.A. 29 Zip 33525 30 Country Pasco

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 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 FL 85 Zip Code

I, the undersigned, being duly qualified to act as a registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
NAME	RENAUD, BETSY K.	3.2 NAME	
STREET ADDRESS	P.O. BOX 153	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	O'NEAL, TAMNAH	4.2 NAME	
STREET ADDRESS	5000 S HIMES #536	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	O'NEAL, DERRYL B.	5.2 NAME	
STREET ADDRESS	36848 CHANCEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rev. Ervin A. O'Neal* ERVIN A. O'Neal 1/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045585

CR2E037 (9/96)