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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711648

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
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/17/1966

4. FEI Number

59-2959336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 **O'Neal, Ervin A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3236 McKethan Rd.
 83
 84 City **Dade City** FL 85 Zip Code **33525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **O'NEAL, ERVIN A.**
 STREET ADDRESS **3236 MCKETHAN RD**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **VP** DELETE

NAME **O'NEAL, BETTY J.**
 STREET ADDRESS **3236 MCKETHAN RD**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **ST** DELETE

NAME **RENAUD, BETSY K.**
 STREET ADDRESS **P.O. BOX 491957 N/A**
 CITY-ST-ZIP **LEESBURG FL 34749**

TITLE **D** DELETE

NAME **O'NEAL, TAMNAH**
 STREET ADDRESS **5000 S HIMES #536**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** DELETE

NAME **O'NEAL, DERRYL B.**
 STREET ADDRESS **20336 TAPPAN ZEE DR**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** DELETE

NAME **CARROLL, KIMBERLY A**
 STREET ADDRESS **4058 CENTARO CT**
 CITY-ST-ZIP **SPRING HILL FL 34607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST/D
O'Neal, Betsy K.
112 First Ct.
Palm Beach Gardens, FL 33410

D
Carroll, Kimberly
1284 Seagate Dr, # 305
Palm Harbor, FL 34685

14. I 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, with all other like empowered.

SIGNATURE: **Betsy K. Renaud** SIGNATURE REQUIRED **3/24/99** 561-650-6271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0047914