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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **737960** **(5)**

1. Corporation Name
THE HOUSE OF PRAYER OF OCALA INC.

Principal Place of Business	Mailing Address
603 W WILLINGHAM ST SYLVESTER GA 31791	603 W WILLINGHAM ST SYLVESTER GA 31791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/01/1977**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-1762313** ☐ Applied For ☐ Not Applicable
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. 199.092 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SAMUEL, EVANGELIST GEORGIA
2502 NORTHWEST 18TH ST.
OCALA FL 32670

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: Evangelist Georgia Samuel — DATE: 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, COLUMBUS, L No longer a	12 NAME	Margaret E. Wilson
STREET ADDRESS	105 TOWN CREEK DR director	13 STREET ADDRESS	P.O. Box 5029 N/A
CITY-ST-ZIP	SYLVESTER GA please remove name	14 CITY-ST-ZIP	Sylvester GA 31791 Secretary
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SAMUEL, EVANG GEORGIA	22 NAME	
STREET ADDRESS	603 W WILLINGHAM ST	23 STREET ADDRESS	
CITY-ST-ZIP	SYLVESTER GA	24 CITY-ST-ZIP	
TITLE	SDT	31 TITLE	☐ Change ☐ Addition
NAME	POPE, NAOMI	32 NAME	
STREET ADDRESS	603 W PINSON ST	33 STREET ADDRESS	
CITY-ST-ZIP	SYLVESTER GA	34 CITY-ST-ZIP	Treasure
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	EWRING, DELOIS	42 NAME	
STREET ADDRESS	105 WILLOW ST	43 STREET ADDRESS	
CITY-ST-ZIP	SYLVESTER GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, PATRICIA O	52 NAME	
STREET ADDRESS	2502 NW 18TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	QUINN, DEBORAH A	62 NAME	
STREET ADDRESS	220 E CHERRY STREET	63 STREET ADDRESS	
CITY-ST-ZIP	ABBEVILLE GA 31001	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)(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: Evangelist Georgia L. Samuel — 4-11-95 — 913 776-2475
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0073436