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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 31791-1544**



3. Date Incorporated or Qualified
02/01/1977

3a. Date of Last Report
05/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SAMUEL, EVANGELIST GEORGIA
2502 NORTHWEST 18TH ST.
OCALA FL 32870**

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 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **WILSON, MARGARET E**
STREET ADDRESS **P.O. BOX 5029 N/A**
CITY - ST - ZIP **SYLVESTER GA**

TITLE **PD** ☐ DELETE
NAME **SAMUEL, EVANG GEORGIA**
STREET ADDRESS **603 W WILLINGHAM ST**
CITY - ST - ZIP **SYLVESTER GA**

TITLE **T** ☐ DELETE
NAME **POPE, NAOMI**
STREET ADDRESS **603 W PINSON ST**
CITY - ST - ZIP **SYLVESTER GA**

TITLE **D** ☐ DELETE
NAME **EWRING, DELOIS**
STREET ADDRESS **105 WILLOW ST**
CITY - ST - ZIP **SYLVESTER GA**

TITLE **D** ☐ DELETE
NAME **SIMPSON, PATRICIA O**
STREET ADDRESS **2502 NW 18TH STREET**
CITY - ST - ZIP **OCALA FL 34475**

TITLE **D** ☐ DELETE
NAME **QUINN, DEBORAH A**
STREET ADDRESS **220 E CHERRY STREET**
CITY - ST - ZIP **ABBEVILLE GA 31001**

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

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: **Evangelist Georgia Samuel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Date

912-776-2475

Daytime Phone # **0075448**

CR2E037 (9/96)