SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corpo	CUMENT pration Name	# 737960)	(5)		4.				
				•						
THE HOUSE OF PRAYER OF OCALA INC.								 		######################################
/										
Principal Place of Business Malling Address								7.74	2	
603 W WILLINGHAM ST 603 W WILLINGHAM S'								3. Date Incorporated or Qualifi	ed	
SYLVESTER GA 31791 SYLVESTER GA 31791							:	02/01/1977		
								4. FEI Number		Applied For
Principal Place of Business				Malling Address				<u>59-1762313</u>		Not Applicable
21			<u> </u>	26				5. Certificate of Status Desired	ı LJ	\$8.75 Additional Fee Required
Suite,	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financin	9	\$5.00 May Be
22			27					Trust Fund Contribution		Added to Fees
City & State			-	City & State				7. Is this nonprofit corporation		
23 Zip		Country	28	Zip	Countr			C. This assessation away as he	Yes	No
24		25	29	Εφ	30	•		This corporation owes or hat Personal Property Tax due.		Yes No
	9. Name	and Address of Curre		tered Agent	1001			10. Name and Address of Nev		d Agent
					81	Name				
Samuel, Evangelist Georgia				82	Street	Addres	ss (P.O. Box Number Is Not Acce	ptable)		
2502 NORTHWEST 18TH ST.										
OCAL	A FL 3 267 0				83	1				
					84	City			FI	85 Zip Code
11. Pursi	ant to the provision	ons of sections 617.0502	2 and 617	.1508, Florida Statutes	, the above-r	named col	rporatio	on submits this statement for the p	ourpose of ch	nanging Its registered
office agent	or regist ere d age t. I am famil iar wit	ent, or both, in the State in the obligation	of Florida Highs of	a. Such change was au section 617.0503) Flor	ithorized by t ida Statutes.	he corpor	ration's	on submits this statement for the p board of directors. I hereby acce	pt the appoi	ntment as registered
SIGNATI	JRE Clary	Commun	Sar					6	. 11-9	
Signature, types or printed name to registered agent and title it applicable. (NOTE: Regis									707	0
	Signature, type	or printed name of registered age	ent and title h	applicable. (NC		gent signatur	re fequire	d when reinstating)	DATE	NID DIDECTORS AL 40
12.	Signature, type	or printed name of registered age OFFICERS AI	ent and title h	epolicable. (NC	13.	gent signatur		ADDITIONS/CHANGES TO C	 -	
	Signature, typis	or printed name of registered age OFFICERS AI	ent and title h	applicable. (NC		gent signatur		additions/changes to co	7: + h	AND DIRECTORS IN 12 Change Addition
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12. TITLE NAME	Signature, type S WILSON, RESS P.O. BOX	OFFICERS AT MARGARET E 5029 N/A	ent and title h	epolicable. (NC	13. 1.1 T(TLE 1.2 NAME	T ADDRESS	Jo	additions/changes to c anice m. Sm 0. Box 254/	1:th 1/1/14	Change Addition D
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12. TITLE NAME STREET ADD CHTY-ST-ZIP	Signature, 1997 S WILSON, P.O. BOX SYLVESTE PD SAMUEL,	OFFICERS AT MARGARET E 5029 N/A ER GA EVANG GEORGIA	ent and title h	opplicable. (NC CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS	Jo PO Ho	additions/changes to o 2nice m. Sm 0, Box 254/ onnellon, Fla hydwood Christa	1:th 1/1/14	Change Addition D
12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE	Signature, 1959 S WILSON, P.O. BOX SYLVESTE PD SAMUEL, RESS 603 W WI	MARGARET E 5029 N/A ER GA EVANG GEORGIA ILLINGHAM ST	ent and title h	opplicable. (NC CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	Jo PO Ho	additions/changes to c anice m. Sm 0. Box 254/	1:th 1/1/14	Change Addition D
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12. TITLE NAME STREET ADD CHY-ST-ZIP CHY-ST-ZIP TITLE NAME	SIGNAMON DESCRIPTION OF SAMUEL, FOR SYLVESTI POPE, NA RESS 603 W PI SYLVESTI DEWRING, 105 WILL SYLVESTI D SIMPSON 2502 NW OCALA FI	MARGARET E 5029 N/A ER GA EVANG GEORGIA ILLINGHAM ST ER GA AOMI NSON ST ER GA DELOIS OW ST ER GA PATRICIA O 18TH STREET	ent and title h	OPPLETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 6.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	1000 HO RE	additions/changes to denice m. Sm. Sm. 254/ O. Box 254/ Onnellon, Fla Lywood Christa C.Box 254/ Onnellon, Ha	11th 1844 Tas Sir 1819 3	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition
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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 frustee 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.

FILED

Sep 23 1998 8:00am3

Secretary of State