

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

FILED
Sep 23 1998 8:00am
Secretary of State

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

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SYLVESTER GA 31791

3. Date Incorporated or Qualified

02/01/1977

4. FEI Number

59-1762313

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: *Evangelist Georgia Samuel*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-98

12. OFFICERS AND DIRECTORS

13. 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 EWING, 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 Janice m. Smith ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 2541 N/A D.
1.4 CITY-ST-ZIP Donnellon, FL 34430

2.1 TITLE Haywood Christmas Smith ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. Box 2541 N/A VP
2.4 CITY-ST-ZIP Donnellon, FL 34430

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Brenda Sears Foster ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1700 S.W. 7th place
4.4 CITY-ST-ZIP Ocala, FL 34474

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Evangelist Georgia Samuel* 7-3-98 912-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)