FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # **757848** **(7)**

1. Corporation Name

THE PRAYER FELLOWSHIP, ORANGE CITY, FLORIDA, INC

Principal Place of Business	Mailing Address
P O BOX 740057 ORANGE CITY FL 32774-0057 US	P O BOX 740057 ORANGE CITY FL 32774-0057 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2874192 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of [illegible] Meeting
21 Chapel, Med-Center
Suite, Apt. #, etc.: 22 John Knox Village
City & State: 23 Orange City, FL
Zip: 24 32763 Country: 25 U.S.A.

2a. Mailing Address
26 c/o Lois Thiessen
Suite, Apt. #, etc.: 27 56 Westlake Drive
City & State: 28 Orange City, FL 32763
Zip: 29 32763 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent

HOWARD, CLAYTON T
20 WESTLAKE CT.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: Ms. Lois S. Thiessen
82 Street Address (P.O. Box Number is Not Acceptable): 56 Westlake Drive
83
84 City: Orange City FL 85 Zip Code: 32763

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: Lois S Thiessen (Lois S. Thiessen) Mar. 10, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☐ Change ☐ Addition
NAME	HOWARD, HELEN M	1.2 NAME	Thiessen, Lois S.	
STREET ADDRESS	20 WESTLAKE CT	1.3 STREET ADDRESS	56 Westlake Dr.	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	WATSON, JUNE	2.2 NAME	Streeter, Alma	
STREET ADDRESS	111 WESTLAKE DR.	2.3 STREET ADDRESS	147 Westlake Dr.	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	THIESSEN, LOIS	3.2 NAME	Coonley, Toni	
STREET ADDRESS	56 WESTLAKE DR	3.3 STREET ADDRESS	68 Ivy Court	
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	HOWARD, CLAYTON T.	4.2 NAME	Howard, Leland L.	
STREET ADDRESS	20 WESTLAKE COURT	4.3 STREET ADDRESS	18A Sweet Gum Dr.	
CITY-ST-ZIP	ORANGE CITY, FL 00000	4.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	D	5.1 TITLE	Same	☐ Change ☐ Addition
NAME	YOUNG, ELIZABETH L	5.2 NAME		
STREET ADDRESS	8-A WESTLAKE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	HOWARD, LELAND L.	6.2 NAME	Koster, Wesley	
STREET ADDRESS	18-A SWEETGUM DRIVE	6.3 STREET ADDRESS	105 Northlake Dr.	
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	Orange City, FL 32763	

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: Lois S Thiessen (Lois S Thiessen) Mar 10 1995 (904) 775-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #