

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758239 (8)
1. Corporation Name
MOTHER TAYLOR'S HOUSE OF PRAYER AND MINISTRIES,
INC.

Principal Place of Business Mailing Address
WALDO ROAD, P.O. BOX 81 WALDO ROAD, P.O. BOX 81
WALDO FL 32694 WALDO FL 32694-0081



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1981		3a. Date of Last Report 01/31/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, HENRY LEE MRS 755 LINE AVE PO BOX 81 WALDO FL 32694				81 Name Henry Lee Taylor 82 Street Address, P.O. Box Number is Not Acceptable PO Box 81 83 84 City Waldo, 32694 (FL) 85 Zip Code FL			

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 Mrs. Henry Lee Taylor/President 1/26/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Henry Lee Taylor	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, HENRY LEE MRS			1.2 NAME	755 line ave.		
STREET ADDRESS	755 LINE AVE			1.3 STREET ADDRESS	Waldo, FL 32694		
CITY-ST-ZIP	WALDO FL			1.4 CITY-ST-ZIP	Waldo, FL 32694		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	Barbara Rainer MS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAINER, BARBARA MS			2.2 NAME	13427		
STREET ADDRESS	BROWN ST			2.3 STREET ADDRESS	301 N. Highway 226, FL		
CITY-ST-ZIP	HAWTHORNE FL			2.4 CITY-ST-ZIP	15630-1475 County Rd.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	WALDO, FL 32694		
NAME	WALKER, ZYLPHIA MRS			3.2 NAME	PO. Box 530		
STREET ADDRESS	STATE RD 1475			3.3 STREET ADDRESS			
CITY-ST-ZIP	WALDO FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	857 line ave	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICH, MARY ANN MRS			4.2 NAME	WALDO, FL 32694		
STREET ADDRESS	LINE AVE			4.3 STREET ADDRESS	PO. Box 231		
CITY-ST-ZIP	WALDO FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	Marilyn Brockington	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCKINGTON, MARILYN MRS			5.2 NAME	855 line ave		
STREET ADDRESS	LINE AVE			5.3 STREET ADDRESS	Waldo, FL 32694		
CITY-ST-ZIP	WALDO FL			5.4 CITY-ST-ZIP			
TITLE	Home of prayer	<input type="checkbox"/> DELETE		6.1 TITLE	857 line ave	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSSIN PH-1-352-468			6.2 NAME	Waldo, FL 32694		
STREET ADDRESS	2598-a 468-1312			6.3 STREET ADDRESS	PH # 1-352-468-2598		
CITY-ST-ZIP				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.

CR2E037 (9/96)

P.O. BX 530
WALDO, FL 32694.

MOTHER Henry Lee Taylor President.

855 West Line Ave. WALDO, FL 32694

MARYLIN Taylor Vice President.

755 Line Ave. N. WALDO, FL 32694

LY/PHIL Walker 15630.1475 County Rd
WALDO, (Correspondent)

MARY ANN Rock Correspondent. 851

Line Ave. N. WALDO FL 32694

BARBARA RAINER. Have moved to WALDO
FL. Her Address 13427 N. 301 Highway
W. Mail % Post Master.

Church Secretary.

ONE CAN ALWAYS get INTO Touch,
With These Numbers,

1-352-468-1695
or

1-352-468-2598