

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 1 PM 12:57

DOCUMENT # 762442 (2)

1. Corporation Name
MY HOUSE OF PRAYER, INC.

Principal Place of Business Mailing Address
STATE RD 351 PO BOX 1169 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1982** 3a. Date of Last Report **02/02/1994**

4. FEI Number **59-2190398** 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 Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPURLIN, WILLIE F.
CAMP STREET
CROSS CITY FL 32628**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPURLIN, WILLIE F
STREET ADDRESS	CAMP STREET
CITY-ST-ZIP	CROSS CITY FL
TITLE	ST
NAME	SPURLIN, MARY JANE
STREET ADDRESS	CAMP STREET
CITY-ST-ZIP	CROSS CITY FL
TITLE	VD
NAME	CORBIN, SAMUEL J.
STREET ADDRESS	2ND AVE. E.
CITY-ST-ZIP	HORSESHOE BEACH FL
TITLE	D
NAME	WALKER, KAZUKO
STREET ADDRESS	CAMP ST.
CITY-ST-ZIP	CROSS CITY FL
TITLE	D
NAME	BIRCHFIELD, MAXINE S.
STREET ADDRESS	P.O. BOX 271 N/A
CITY-ST-ZIP	HORSESHOE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>d/c Spurlin, Mary Jane</i>
2.3 STREET ADDRESS	<i>Camp Street</i>
2.4 CITY-ST-ZIP	<i>Cross City, FL.</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>S/T Birchfield, Maxine S.</i>
5.3 STREET ADDRESS	<i>P.O. Box 271 N/A</i>
5.4 CITY-ST-ZIP	<i>Horseshoe Beach FL.</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Susan Maxine Birchfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Maxine Birchfield

1-30-95 (904) 498-5375
Date Telephone Number