

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 762442**

**(2)**

1. Corporation Name

**MY HOUSE OF PRAYER, INC.**



Principal Place of Business

Mailing Address

STATE RD 351  
PO BOX 1168  
CROSS CITY FL 32628

STATE RD 351  
PO BOX 1168  
CROSS CITY FL 32628

3. Date Incorporated or Qualified  
**03/16/1982**

3a. Date of Last Report  
**02/01/1995**

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 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 *Willie F. Spurlin*

(NOTE: Registered Agent signature required when reinstating)

**5/5/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SPURLIN, WILLIE F**  
STREET ADDRESS **CAMP STREET**  
CITY-ST-ZIP **CROSS CITY FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DC** ☐ DELETE  
NAME **SPURLIN, MARY JANE**  
STREET ADDRESS **CAMP STREET**  
CITY-ST-ZIP **CROSS CITY FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **CORBIN, SAMUEL J.**  
STREET ADDRESS **2ND AVE. E.**  
CITY-ST-ZIP **HORSESHOE BEACH FL**

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

TITLE **D** ☐ DELETE  
NAME **WALKER, KAZUKO**  
STREET ADDRESS **CAMP ST.**  
CITY-ST-ZIP **CROSS CITY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE  
NAME **BIRCHFIELD, MAXINE S.**  
STREET ADDRESS **P. O. BOX 271 N/A**  
CITY-ST-ZIP **HORSESHOE BEACH FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(k), 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: *Willie F. Spurlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-5-96**

Date

**904-498-5479**

Daytime Phone #

CR2E037 (12/95)