

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762442 (2)

1. Corporation Name
MY HOUSE OF PRAYER, INC.



Principal Place of Business STATE RD 351 PO BOX 1168 CROSS CITY FL 32628	Mailing Address STATE RD 351 PO BOX 1168 CROSS CITY FL 32628
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3. Date Incorporated or Qualified 03/16/1982	
4. FEI Number 59-2190398	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

SPURLIN, WILLIE F.
CAMP STREET
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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* **Willie F. Spurlin** **3-8-98**
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	PD SPURLIN, WILLIE F	1.1 TITLE	
NAME	SPURLIN, WILLIE F	1.2 NAME	
STREET ADDRESS	CAMP STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	1.4 CITY-ST-ZIP	
TITLE	DC SPURLIN, MARY JANE	2.1 TITLE	
NAME	SPURLIN, MARY JANE	2.2 NAME	
STREET ADDRESS	CAMP STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	2.4 CITY-ST-ZIP	
TITLE	VD CORBIN, SAMUEL J.	3.1 TITLE	
NAME	CORBIN, SAMUEL J.	3.2 NAME	
STREET ADDRESS	2ND AVE. E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HORSESHOE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D WALKER, KAZUKO	4.1 TITLE	
NAME	WALKER, KAZUKO	4.2 NAME	
STREET ADDRESS	CAMP ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	4.4 CITY-ST-ZIP	
TITLE	ST BIRCHFIELD, MAXINE S.	5.1 TITLE	
NAME	BIRCHFIELD, MAXINE S.	5.2 NAME	
STREET ADDRESS	P. O. BOX 271 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HORSESHOE BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Willie F. Spurlin* **Willie F. Spurlin** **3-8-98**

CR2E037 (10/97)