


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762442					
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		



2. Principal Place of Business 21 <u>State Road 351</u> Suite, Apt. #, etc. 22 City & State 23 <u>Horseshoe Beach, FL</u> Zip Country 24 <u>32648</u> 25 2. Mailing Address 26 <u>P.O. Box 1168</u> Suite, Apt. #, etc. 27 City & State 28 <u>Cross City, FL</u> Zip Country 29 <u>32628</u> 30		3. Date Incorporated or Qualified 03/16/1982		4. FEI Number 59-2190398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
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 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

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	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE	V/D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBIN, SAMUEL J.		3.2 NAME	Spurlin, Annie R.			
STREET ADDRESS	2ND AVE. E.		3.3 STREET ADDRESS	Camp Street			
CITY-ST-ZIP	HORSESHOE BEACH FL		3.4 CITY-ST-ZIP	Cross City, FL 32628			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: Willie F. Spurlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99 352-498-5679
 Date Daytime Phone #

CR2E037 (1/98)