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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:27

DOCUMENT # 766381 (8)

1. Corporation Name
TABERNACLE OF PRAYER OF INVERNESS, INC.

Principal Place of Business	Mailing Address
C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 32650	C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 32650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 00-1660019 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34450 Country 25	Zip 29: 34450 Country 30

9. Name and Address of Current Registered Agent

JOHNSON, JOE
828 TWIGG ST.
ROOKSVILLE FL 34601

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CHESTER, LARRY	1.2 NAME		
STREET ADDRESS	3455 E. JONAH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	CHESTER, KIM V.	2.2 NAME	CHESTER, TONI V.	
STREET ADDRESS	460 S. SNAPP AVE.	2.3 STREET ADDRESS	3455 E. JONAH PL	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS, FL	
TITLE	T	3.1 TITLE	T	☐ Change ☑ Addition
NAME	HENRY, ROSE	3.2 NAME	JACKSON, BRENDA	
STREET ADDRESS	P.O. BOX 893, NA	3.3 STREET ADDRESS	1710 TUTTLE ST.	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHESTER, LONNIE	4.2 NAME		
STREET ADDRESS	3101 E DEAL ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOE	5.2 NAME		
STREET ADDRESS	828 TWIGG ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROOKSVILLE FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	CHESTER, KIM V.	6.2 NAME		
STREET ADDRESS	460 S. SNAPP AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	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)(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: Larry Chester (901)637-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084014