

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 34450
US**

3. Date Incorporated or Qualified **01/03/1983** 3a. Date of Last Report **02/02/1995**
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**
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 28 Zip 29 Country 30 Country

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 **BRENDA JACKSON**
82 Street Address (P.O. Box Number is Not Acceptable)
3228 LLOYD ST
83
84 City **INVERNESS** FL 85 Zip Code **34453**

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 *Brenda Jackson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHESTER, LARRY	
STREET ADDRESS	3455 E. JONAH PLACE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESTER, TONI V.	
STREET ADDRESS	3455 E. JONAH PL.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, ROSE	
STREET ADDRESS	P.O. BOX 893, NA	
CITY - ST - ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESTER, LONNIE	
STREET ADDRESS	3101 E DEAL ST	
CITY - ST - ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOE	
STREET ADDRESS	828 TWIGG ST	
CITY - ST - ZIP	ROOKSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHESTER, KIM V.	
STREET ADDRESS	460 S. SNAPP AVE.	
CITY - ST - ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	JACKSON, BRENDA		
3.3 STREET ADDRESS	3228 LLOYD STREET		
3.4 CITY - ST - ZIP	INVERNESS, FL 34453		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Kim V. Chester* *Kim V. Chester* *February 23, 1996* (904) 631-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (904) 726-8353

CR2E037 (12/95)