

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 # 768578 (7)
1. Corporation Name
THE GOLDEN PRAYER MISSION INC.



Principal Place of Business

P.O. BOX 1854
FT. MYERS FL 33902

Mailing Address

P.O. BOX 1854
FT. MYERS FL 33902

3. Date Incorporated or Qualified
05/23/1983

3a. Date of Last Report
05/01/1995

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

4. FEI Number
65-0048605

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GLORIA K.
3038 WILLARD ST.
FT. MYERS FL 33901

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) (Print Name of Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PIERCE, MARY FRANCIS
13456 SE 3RD ST
FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PERKINS, ELIZABETH
3243 C STREET
FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JACKSON, JANETTA
4224 MICHIGAN CT. APT. 682 CST.
FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
SHORTTRIDGE, BARBARA
2331 MAPLE AVE
FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
GROSS, GLORIA K
5446 1ST AVE
FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
HOLIE, NATHANAL
410 SHOWWATER AVE
PUNTA GORDA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Barbara Shortridge So. Barbara Shortridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

1940.332-4715

Debit Phone #

CR2E037 (12/95)