

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33902-1854



3. Date Incorporated or Qualified **05/23/1983** 3a. Date of Last Report **04/19/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS
SMITH, GLORIA K.
3030 WILLARD ST. 4224 Michigan Ct. Apt. 388
FT. MYERS FL 33901-33916

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

TITLE **PD** ☐ DELETE
NAME **PIERCE, MARY FRANCIS**
STREET ADDRESS **13456 SE 3RD ST**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **PERKINS, ELIZABETH**
STREET ADDRESS **3243 C STREET**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **JACKSON, JANNETTA**
STREET ADDRESS **4224 MICHIGAN CT. APT. 682 CST.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **STD** ☐ DELETE
NAME **SHORTRIDGE, BARBARA**
STREET ADDRESS **2331 MAPLE AVE**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **C** ☐ DELETE
NAME **GROSS, GLORIA K**
STREET ADDRESS **5446 1ST AVE**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **VD** ☐ DELETE
NAME **HOLIE, NATHANAL**
STREET ADDRESS **410 SHOWWATER AVE**
CITY - ST - ZIP **PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **4224 Michigan Ct. Apt. 388**
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **528 Cooper St**
6.4 CITY - ST - ZIP

14. I do 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: **Barbara Shortridge** - **Barbara Shortridge**

2-22-97

(941) 332-4715

CR2E037 (9/96)