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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768578** (7)

1. Corporation Name

THE GOLDEN PRAYER MISSION INC.

Principal Place of Business

Mailing Address

P.O. BOX 1854
FT. MYERS FL 33902

P.O. BOX 1854
FT. MYERS FL 33902

3. Date Incorporated or Qualified

05/23/1983

4. FEI Number

65-0048605

Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, GLORIA
4224 MICHIGAN CT
388
FT. MYERS FL 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 ☐ DELETE

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

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

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

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

TITLE C
NAME GROSS, GLORIA K
STREET ADDRESS 4224 MICHIGAN CT APT 388
CITY-ST-ZIP FT. MYERS FL

TITLE VD
NAME HOLIE, NATHANAL
STREET ADDRESS 528 COOPER ST
CITY-ST-ZIP PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

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

4.1 TITLE STD
4.2 NAME Shontridge, Barbara
4.3 STREET ADDRESS 353 Montgomery Ave
4.4 CITY-ST-ZIP Ft. Myers, Fla. 33905 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Barbara Shontridge* *Barbara Shontridge* 4-16-98 (941) 694-9345

CR2E037 (10/97)