

# 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 # **770801** (9)

1. Corporation Name

**THE HOUSE OF PRAYER FOR ALL PEOPLE OUTREACH MINISTRY INC.**

Principal Place of Business

P. O. BOX 372  
GAINESVILLE FL 32602  
US

Mailing Address

ROUTE 1 BOX 226  
MICANOPY FL 32667  
US



3. Date Incorporated or Qualified  
**10/18/1983**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business  
21 **P.O. Box 372**

2a. Mailing Address  
25 **P.O. Box 372**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **GAINESVILLE FLA**

27 **GAINESVILLE, FLA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32602** 25 **U.S.**

29 **32602** 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**POUGH, THOMAS**  
**RT. 1 BOX 226**  
**441 S COUNTY RD TO WACAHOOA RD.**  
**MICANOPY FL 32667**

10. Name and Address of New Registered Agent

81 Name **THOMAS POUGH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4117 S.W. 20th Ave. Apt 261**  
83  
84 City **GAINESVILLE, FLA.** FL 85 Zip Code **32602**

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 **Thomas Pough**

**2-1-96**

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	<input type="checkbox"/> DELETE
NAME	<b>DTP</b>
STREET ADDRESS	<b>POUGH, THOMAS</b>
CITY-ST-ZIP	<b>RT 1 BOX 226</b>
	<b>MICANOPY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>POUGH, O. D</b>
CITY-ST-ZIP	<b>RT 1 BOX 226</b>
	<b>MICANOPY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>AGLES, DONALD</b>
CITY-ST-ZIP	<b>RT 1 BOX 226</b>
	<b>MICANOPY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DTP</b>
1.3 STREET ADDRESS	<b>Pough, Thomas</b>
1.4 CITY-ST-ZIP	<b>P.O. Box 372</b>
	<b>GAINESVILLE, FL 32602</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>O</b>
2.3 STREET ADDRESS	<b>O.D. Pough</b>
2.4 CITY-ST-ZIP	<b>P.O. Box 372</b>
	<b>GAINESVILLE, FL 32602</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>Agles, Don</b>
3.4 CITY-ST-ZIP	<b>P.O. Box 372</b>
	<b>GAINESVILLE, FL 32602</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 it is changed, or on an attachment with an address.

SIGNATURE:

**Thomas Pough**

**2-1-96**

**(904) 371-6859**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

**\$ Deposited by Bank**

**2/1/96**