FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JAN 24 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N00472 (3)

1. Corporation Name
PRAYER & HEALING TEMPLE INC.

Principal Place of Business	Mailing Address
409 3RD ST. SE HAVANA FL 32333	409 3RD ST. SE HAVANA FL 32333

3. Date Incorporated or Qualified: 12/19/1983
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2364224 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Havana, Fla
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 409 SE. 3rd St.
27 Suite, Apt. #, etc.
28 City & State: Havana, Fla.
29 Zip: 32333
30 Country: Gadsden

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, CHRISTINE M
409 3RD ST. SE
HAVANA FL 32333

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dr. Christine Robinson — Dr. Christine Robinson — 1/17/1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JIM R	1.2 NAME	
STREET ADDRESS	409 SE 3 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	1.4 CITY-ST-ZIP	
TITLE	EVD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, CHRISTINE	2.2 NAME	
STREET ADDRESS	409 3RD ST. S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, JIMMY	3.2 NAME	
STREET ADDRESS	RT 2 BOX 123-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JACQUELINE(SIS	4.2 NAME	
STREET ADDRESS	409 3RD ST. S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HERMON, MAE HELEN (REV)	5.2 NAME	
STREET ADDRESS	RT 2 BOX 123-C	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	
TITLE	REV	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, CHRISTINE EVD	6.2 NAME	
STREET ADDRESS	409 3RD ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	6.4 CITY-ST-ZIP	CH

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)(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: Dr. Christine Robinson — Jan. 15, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OF FICER DIRECTION — Date — Daytime Phone #

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