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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00472** (3)  
1. Corporation Name  
**PRAYER & HEALING TEMPLE INC.**

Principal Place of Business <b>409 3RD ST. SE HAVANA FL 32333</b>	Mailing Address <b>409 S.E. 3RD ST. HAVANA FL 32333</b>
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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		3. Date Incorporated or Qualified <b>12/19/1983</b>		3a. Date of Last Report <b>01/24/1995</b>	
4. FEI Number <b>59-2364224</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROBINSON, CHRISTINE M 409 3RD ST. SE HAVANA FL 32333</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			
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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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	ROBINSON, JIM R	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	409 SE 3 ST			1.2 NAME	800001691618		
STREET ADDRESS	HAVANA FL			1.3 STREET ADDRESS	-01/18/96--01019--007		
CITY-ST-ZIP	HAVANA FL			1.4 CITY-ST-ZIP	*****70.00 *****70.00		
TITLE	EVD	ROBINSON, CHRISTINE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	409 3RD ST. S.E.			2.2 NAME			
STREET ADDRESS	HAVANA FL			2.3 STREET ADDRESS			
CITY-ST-ZIP	HAVANA FL			2.4 CITY-ST-ZIP			
TITLE	D	HARDY, JIMMY	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RT 2 BOX 123-C			3.2 NAME			
STREET ADDRESS	QUINCY FL			3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL			3.4 CITY-ST-ZIP			
TITLE	D	ROBINSON, JACQUELINE(SIS)	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	409 3RD ST. S.E.			4.2 NAME			
STREET ADDRESS	HAVANA FL			4.3 STREET ADDRESS			
CITY-ST-ZIP	HAVANA FL			4.4 CITY-ST-ZIP			
TITLE	D	HERMON, MAE HELEN (REV)	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RT 2 BOX 123-C			5.2 NAME			
STREET ADDRESS	QUINCY FL			5.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL			5.4 CITY-ST-ZIP			
TITLE	REV	ROBINSON, CHRISTINE EVD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	409 3RD ST SE			6.2 NAME			
STREET ADDRESS	HAVANA FL			6.3 STREET ADDRESS	CH		
CITY-ST-ZIP	HAVANA FL			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 changed, or on an attachment with an address.

SIGNATURE: *Dr. EVD Christine Robinson* 1/18/96 989-5133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)