

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 FEB 3 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N00472 (3)

Corporation Name

PRAYER & HEALING TEMPLE INC.



Principal Place of Business

Mailing Address

409 3RD ST. SE  
HAVANA FL 32333

409 S.E. 3RD ST.  
HAVANA FL 32333-2107

409 3rd St Havana, Fla

3. Date Incorporated or Qualified  
12/19/1983

3a. Date of Last Report  
01/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Havana, Fla.

28 Havana, Fla

24 Zip 32333

25 Country Honduras

29 Zip 32333

30 Country Honduras

4. FEI Number  
59-2364224

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Dr. Evangelist Christine Robinson

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  
NAME ROBINSON, JIM R  
STREET ADDRESS 409 SE 3 ST  
CITY-ST-ZIP HAVANA FL

☐ DELETE

TITLE EVD  
NAME ROBINSON, CHRISTINE  
STREET ADDRESS 409 3RD ST. S.E.  
CITY-ST-ZIP HAVANA FL

☐ DELETE

TITLE D  
NAME HARDY, JIMMY  
STREET ADDRESS RT 2 BOX 123-C  
CITY-ST-ZIP QUINCY FL

☐ DELETE

TITLE D  
NAME ROBINSON, JACQUELINE(SIS)  
STREET ADDRESS 409 3RD ST. S.E.  
CITY-ST-ZIP HAVANA FL

☐ DELETE

TITLE D  
NAME HERMON, MAE HELEN (REV)  
STREET ADDRESS RT 2 BOX 123-C  
CITY-ST-ZIP QUINCY FL

☐ DELETE

TITLE REV  
NAME ROBINSON, CHRISTINE EVD  
STREET ADDRESS 409 3RD ST SE  
CITY-ST-ZIP HAVANA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

700002075417--5

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

700002075417--5

-02/03/97--01018-002

\*\*\*\*\*61.25 \*\*\*\*\*61.25

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED Dr. Christine Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/12/97 Daytime Phone #00000000

CR2E037 (9/96)