

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00472

1. Corporation Name

PRAYER & HEALING TEMPLE INC.

Principal Place of Business

409 3RD ST. SE
HAVANA FL 32333

Mailing Address

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 409 3rd St. SE

Suite, Apt. #, etc.

22 City & State

23 Havana, Fla.

24 Zip

32333

25 Country

26 United States

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Havana, Fla.

29 Zip

30 32333

Country

United States

3. Date Incorporated or Qualified

12/19/1983

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

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 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

Christine M Robinson

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE EVD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME ROBINSON, JACQUELINE SIS
STREET ADDRESS 409 3RD ST. S.E.
CITY-STATE-ZIP HAVANA FL

TITLE D ☐ DELETE

NAME HERMON, MAE HELEN REV
STREET ADDRESS RT 2 BOX 123-C
CITY-STATE-ZIP QUINCY FL

TITLE REV ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009145

CR2E037 (11/98)