2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010057

Title:

Name:

Address:

City-St-Zip:

Entity Name: OCALA TOWER OF PRAYER, INC

() Delete

IRIZARRY, MADELINE

GAINESVILLE, FL 32635

P.O. BOX 357162

FILED Feb 21, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
285 MARRON OAKS LANE OCALA, FL 34473 US				285 MARION OAKS LANE OCALA, FL 34473 US				
Current Mailing Address:				New Mailing Address:				
159 MARIC OCALA, FL	N OAKS DI 34473	RIVE						
FEI Number:	20-1294943	FEI Number App	olied For () FEI Nu	mber Not Appli	icable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
RAMOS, PA 159 MARIC OCALA, FL	N OAKS DE	R US						
The above in the State		y submits this state	ement for the purpose	of changing it	s registered	office or re	egistered agent, or	both,
SIGNATUR								
	Electr	onic Signature of F	Registered Agent	Date				
OFFICERS	AND DIRE	CTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P LUCENA, JO 159 MARION OCALA, FL	I OAKS DR		Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	T LUCENA, WI 159 MARION OCALA, FL	I OAKS DR		Title: Name: Address: City-St-Zip:	T (2 BRAVO, WILG 145 SW 77TH OCALA, FL 3	AVE	() Addition	
Title: Name: Address: City-St-Zip:	S POLANCO, M 159 MARION OCALA, FL	I OAKS DR		Title: Name: Address: City-St-Zip:	S (X CUELLAR, GA 5001 SW 20T OCALA, FL 3	H, APT 4606		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE D. LUCENA PRES 02/21/2009

(X) Change () Addition

IRIZARRY, MADELINE

5518 SW 4TH PLACE

GAINESVILLE, FL 32607