

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 012 ****70.00

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1. Entity Name
ST. AUGUSTINE DIOCESE HOUSE OF PRAYER AND
EVANGELIZATION CENTER, INC.

Principal Place of Business
34 OCEAN AVENUE
ST. AUGUSTINE, FL 32084

Mailing Address
34 OCEAN AVENUE
ST. AUGUSTINE, FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number

65-1259427

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNIAK, GERARD C
850 A1A BEACH BOULEVARD
UNIT 119
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME GORNIAK, GERARD C
STREET ADDRESS 850 A1A BEACH BLVD UNIT 119
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE STD ☐ Delete
NAME KELLY, TIMOTHY
STREET ADDRESS 825 QUEEN ROAD
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE D ☐ Delete
NAME JORDAN, HAROLD
STREET ADDRESS 34 OCEAN AVENUE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D ☐ Delete
NAME DEGLER, CONNIE
STREET ADDRESS 704 CRESTWOOD DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE D ☐ Delete
NAME EDWARDS, PAM
STREET ADDRESS 226 MAYAN TERRACE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D ☐ Delete
NAME EDWARDS, TOM
STREET ADDRESS 226 MAYAN TERRACE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

904-826-0084

Daytime Phone #