

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90092 031 \*\*\*\*61.25

**DOCUMENT # N05000003590**



1. Entity Name  
ST. AUGUSTINE 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

40076344



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007 Chg-NP CR2E037 (12/06)

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

GORNIK, 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

*Gerard C Gornik*

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

(NOTE: Registered Agent signature required when reinstating)

4/22/07

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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 GORNIK, 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

TITLE ☐ Change ☐ Addition  
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:

*Gerard C Gornik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07 826-0084

Date

Daytime Phone #