

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003590

FILED
Apr 25, 2009
Secretary of State

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

Current Principal Place of Business:

34 OCEAN AVENUE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

34 OCEAN AVENUE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 65-1259427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GORNIAK, GERARD C
Address: 850 A1A BEACH BLVD UNIT 119
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: HEMSOTH, GREG
Address: 2643 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: DEGLER, CONNIE
Address: 704 CRESTWOOD DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: EDWARDS, PAM
Address: 226 MAYAN TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: EDWARDS, TOM
Address: 226 MAYAN TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T () Delete
Name: TAYLOR, DANIEL J
Address: 291 WHISPER RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DANIEL J. TAYLOR

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04/25/2009

Electronic Signature of Signing Officer or Director

Date