

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15100 (3)
 1. Corporation Name
 PRAYER TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business: 1936 SAXON STREET, P.O. BOX 7651, TALLAHASSEE FL 32310
 Mailing Address: 1936 SAXON STREET, P.O. BOX 7651, TALLAHASSEE FL 32310

3. Date Incorporated or Qualified: 05/27/1986
 4. FEI Number: 58-0075711
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 RICHARDSON, C.E.
 2740 HICKORY RIDGE ROAD
 TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: RICHARDSON, C.E. STREET ADDRESS: 2740 HICKORY RIDGE RD CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	1.1 TITLE: <i>Lucinda Mickler</i> 1.2 NAME: <i>Lucinda Mickler</i> 1.3 STREET ADDRESS: <i>1417 E. Beacon #17</i> 1.4 CITY-ST-ZIP: <i>Tallahassee, FL 32301</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FLOYD, KATIE STREET ADDRESS: 912 KRIDGE ROAD CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	2.1 TITLE: <i>Ernest Willis</i> 2.2 NAME: <i>Ernest Willis</i> 2.3 STREET ADDRESS: <i>3520 Lora Lane</i> 2.4 CITY-ST-ZIP: <i>Tallahassee, FL 32301</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: CAPHART, MAE STREET ADDRESS: 8390 GLENDALIN ROAD CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	3.1 TITLE: <i>TD</i> 3.2 NAME: <i>MAE CAPHART</i> 3.3 STREET ADDRESS: <i>8390 Glendalin Rd</i> 3.4 CITY-ST-ZIP: <i>Tallahassee, FL 32311</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LEONARD, LIONEL STREET ADDRESS: 1403 SHUFFIELD DRIVE CITY-ST-ZIP: TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <i>P/Barbara McCaskill</i> 4.2 NAME: <i>Barbara McCaskill</i> 4.3 STREET ADDRESS: <i>1640-A Willow Bend Way</i> 4.4 CITY-ST-ZIP: <i>Tallahassee, FL 32310</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RICHARDSON, D'ANDRE STREET ADDRESS: 2740 HICKORY RIDGE RD CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	5.1 TITLE: <i>D/Henry Campfield</i> 5.2 NAME: <i>Henry Campfield</i> 5.3 STREET ADDRESS: <i>Tallahassee, FL</i> 5.4 CITY-ST-ZIP: <i>Tallahassee, FL</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WHALEY, CLARA STREET ADDRESS: 732 PRESTON ST CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

SIGNATURE: *[Signature]* 7/4/98 224 5799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)