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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42706 (4)

1. Corporation Name

EVANGELISTICAL SCHOOL OF FAITH & PRAYER, INC.

Principal Place of Business

Mailing Address

4605 SW 25 ST
W HOLLYWOOD FL 330234605 SW 25 ST
W HOLLYWOOD FL 33023-43053. Date Incorporated or Qualified
03/25/19913a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0414050Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, CYNTHIA REV
4605 SW 25 ST
W HOLLYWOOD FL 33023

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME LESANE, JOSEPH REV
STREET ADDRESS RT 2 BOX 147
CITY-ST-ZIP LAMAR SC1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D DELETE
NAME LESANE, ALFREDA REV
STREET ADDRESS RT 2 BOX 147
CITY-ST-ZIP LAMAR SC2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D DELETE
NAME DANIELS, CYNTHIA REV
STREET ADDRESS 4605 SW 25 ST
CITY-ST-ZIP W HOLLYWOOD FL3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD DELETE
NAME COOPER, CLAUDIUS REV
STREET ADDRESS 4605 SW 25 ST
CITY-ST-ZIP W HOLLYWOOD FL4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D DELETE
NAME LOUIS, JOYCE REV
STREET ADDRESS 4500 NW 36 ST #116
CITY-ST-ZIP LAUDERDALE LKS FL5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

Daytime Phone # 0023583

CR2E037 (9/96)