

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90023 047 \*\*\*\*61.25

**DOCUMENT # N42706** ✓

1. Corporation Name

**EVANGELISTICAL SCHOOL OF FAITH & PRAYER, INC.**

586719 - 90023 - 47

Principal Place of Business

4605 SW 25 ST  
W HOLLYWOOD FL 33023

Mailing Address

5411 SW 21ST  
W HOLLYWOOD FL 33023  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1991

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0414050

Applied For

Not Applicable

22

City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

33023

25

29

30

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESANE, JOSEPH REV	
STREET ADDRESS	RT 2 BOX 147	
CITY-ST-ZIP	LAMAR SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESANE, ALFREDA REV	
STREET ADDRESS	RT 2 BOX 147	
CITY-ST-ZIP	LAMAR SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, CYNTHIA REV	
STREET ADDRESS	4605 SW 25 ST	
CITY-ST-ZIP	W HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, CLAUDIUS REV	
STREET ADDRESS	4605 SW 25 ST	
CITY-ST-ZIP	W HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUIS, JOYCE REV	
STREET ADDRESS	4500 NW 36 ST #116	
CITY-ST-ZIP	LAUDERDALE LKS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)