SECOND NO	OTICE: CORPORATION WILL BE DI OR BEFORE 8/7/96: \$61.25 (IF DISSOLV	SSOLVED ON OR AFTER AU ED, MINIMUM AMOUNT DUE TO	GUST 7, 1996. PREINSTATE: \$236.2	5.)	
CORP	IPROFIT ORATION AL REPORT	FLORIDA DEPARTMI Sandra B. M	ortham		
ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORA					
DOCUMENT # N43827 (7)					
INTIMA	CY HOUSE OF PRAYER, IN	C.		A TORANSON BUL BILBON TOTAL TENTA HIGH	LABO BIBAR BIDH BIBH BIBH BIBH BIDH 1197
Principal Place of RTE. 4, BOX 58		Mailing Address RTE. 4, BOX 58			
WILLISTON FL		WILLISTON FL 32696		O District	Line Date of Leet Perset
				3. Date incorporated or Qualified 06/11/1991	3a. Date of Last Report 03/10/1995
2. Principal Place	ce of Business	28. Mailing Address	7040	4. FEI Number 59-3077638	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	7010	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	7 1	6. Election Campaign Financing	\$5.00 May Be
23 10 1/15 Zio	Story TL Country	28 W. Lliston	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s. 199.032,
zip 3269	6 25 U.S.	29 32656 30	<u> </u>	Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Current I	Jegistoreu Agont	81 Name	44	
·			ddress (P.O. Box Number is Not Acceptat	ele)	
1307 N.W. 12TH ST. OCALA FL 32675			83		
	•		84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named c	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered
office or reg agent. I am	gistered agent, or both, in the state of a familiar with, and accept the obligation	ons of, Section 617.0503, Florid	la Statutes	, and the post of the control of the	
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	20	Change Addition
NAME	FOSTER, WILLIE		1.2 NAME	Batties, Alverno	m i, willie
STREET ADDRESS	1307 NW 12TH ST. OCALA FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	RTE 4 Box 58 WILLISTON FL 32 VD	esc
TITLE	VD	DELETE	2 1 TITLE	Bernard, Vernon	Change Addition
NAME express 1000000	OVERSTREET, ROOSEVELT 1324 NW 8TH ST.		2.2 NAME 2.3 STREET ADDRESS	Rte 4 Box 205	
STREET ADDRESS CITY-ST-ZIP	OCALA FL		2.4 CITY - ST - ZIP	Williston FL 32	656 Marian Laddin
TITLE	SD Lee, Areatha	DELETE	31 TITLE 32 NAME	wallace, Tori	Change Addition
NAME STREET ADORESS	RT 4, BOX 76	•	3.3 STREET ADDRESS	RTE 1 BOX 1040	
CITY-ST-ZIP	WILLISTON FL	DELETE	3.4. CITY - ST - ZIP	williston FL 326	Change Addition
TITLE NAME	TD Thomas, Willie Mae	N DEFEIG	4.1 TITLE 4. 2 NAME	Baytles, Sparon D	,
STREET ADDRESS	RT 4, BOX 195		43 STREET ADDRESS	2TE 4 Box 58	
CITY-ST-ZIP TITLE	WILLISTON FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Williston, FL 321	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - \$T - ZIP	30,000,186	6 994 3
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	-06/20/96010 ***61.25	Change Addition
NAME			6 2 NAME	1	(do
STREET ADDRESS CITY-SI-ZIP			6.3 STREET ADDRESS 6.4 City - St - ZIP		AR AR
14. I do hereb	by certify that the information supplied rtify that the information indicated on t	with this filing is voluntarily furn this annual report or supplemen	nished and does not ntal annual report is	qualify for the exemption stated in Section true and accurate and that my signature sh	119 07(3)(k), Florida Statuted I hall have the same legal effect as if Chapter 617 Florida Statutes; and
	der oath; that I am an officer or directo ame appears in Block 12 or Block 13 if			wered to exceed this report as required by	
SIGNAT	1. 1. 11:45.61	allumin K	althor	6-10-96	(352)528-5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Déglime Phone #					