

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 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 # **N43827** (7)
1. Corporation Name

INTIMACY HOUSE OF PRAYER, INC.



Principal Place of Business 2351 NE 200TH AVE. WILLISTON FL 32696		Mailing Address RTE. 1 BOX 7040 WILLISTON FL 32656		3. Date Incorporated or Qualified 06/11/1991	
				4. FEI Number 59-3077638	
2. Principal Place of Business 21		2a. Mailing Address 26 2351 NE 200th Ave		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28 Williston, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 25 32696		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FOSTER, WILLIE 1307 N.W. 12TH ST. OCALA FL 32675				10. Name and Address of New Registered Agent	
				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTLES, WILLIE A			1.2 NAME	Battles, Willie A		
STREET ADDRESS	RTE 4 BOX 58			1.3 STREET ADDRESS	P.O. Box 341 N/A		
CITY-ST-ZIP	WILLISTON FL 32696			1.4 CITY-ST-ZIP	Williston, FL 32696		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERNON, BERNARD			2.2 NAME	Bernard, Vernon		
STREET ADDRESS	RTE 4 BOX 205			2.3 STREET ADDRESS	2113 NE 200th Ave		
CITY-ST-ZIP	WILLISTON FL 32696			2.4 CITY-ST-ZIP	Williston, FL 32696		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, TORI			3.2 NAME	Wallace, Tori		
STREET ADDRESS	RTE 1 BOX 7040			3.3 STREET ADDRESS	10751 NW 170th St.		
CITY-ST-ZIP	WILLISTON FL 32696			3.4 CITY-ST-ZIP	Williston, FL 32696		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BATTLES, SHARON D			4.2 NAME	Hall, Jackie		
STREET ADDRESS	RT 4, BOX 58			4.3 STREET ADDRESS	4233 NE 210th Ave		
CITY-ST-ZIP	WILLISTON FL 32696			4.4 CITY-ST-ZIP	Williston, FL 32696		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Willie A. Battles* 1/23/98 352-622-6758

CR2E037 (10/97)