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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90131 027 ****61.25

DOCUMENT # N43827

1. Corporation Name
Intimacy House of Prayer, Inc

Principal Place of Business	Mailing Address
235 N E 200th Ave Williston, FL 32696	2351 N.E. 200th Ave Williston, FL 32696

2. Principal Place of Business 21 2351 N.E 200th Ave 22 Suite, Apt. #, etc.	2a. Mailing Address 26 2351 NE 200th Ave 27 Suite, Apt. #, etc.	3. Date Incorporated or Qualifed 6/11/91 4. FEI Number 59-3077638
City & State 23 Williston, FL	City & State 28 Williston, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32696 25 USA	Zip / Country 29 32696 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

☒ Applied For ☐ Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Willie Foster 1307 N.W. 12th St Ocala, FL 32675	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Battles, Willie A P.O. Box 34 Williston, FL 32696 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bernard, Vernon 2113 NE 250th Ave Williston, FL 32696 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wallace, Tori 16751 NW 170th St Williston, FL 32696 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition S Jackson/Wallace, Tori 16751 NW 170th St Williston, FL 32696
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Hall, Jackie 4232 NE 210th Ave Williston, FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Tori S. Wallace-Jackson Tori S. Wallace-Jackson 4/10/99 352-528-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #