

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0001173

03-03-2002 90061 001 ****61.25

DOCUMENT # N43827

1. Entity Name

INTIMACY HOUSE OF PRAYER, INC.

Principal Place of Business

1408 NW 10TH ST.
 OCALA FL

Mailing Address

1408 NW 10TH ST
 OCALA FL 34475
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3077638**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIE
1307 N.W. 12TH ST.
OCALA FL 32675

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	FOSTER, WILLIE JR	1307 NW 12TH ST.	OCALA FL 34475	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	FOSTER, PARRIE	1307 NW 12TH ST.	OCALA 34475	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	NEWSON, NAPOLIEON	2051 SW 7TH PL	OCALA FL 34474	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HARRIS, CURTIS L	2870 NE 202 TER	WILLISTON FL 32696	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	JOHNSON, LEON A	13850 NE 5TH ST	WILLISTON FL 32696	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or, on an attachment with an address, with all other like empowered.

SIGNATURE:

Willie Foster Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-17-02 352 622-67

CR2E037 (9/01)