


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 050 ****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
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44047835



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3077638	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FOSTER, WILLIE 1307 N.W. 12TH ST. OCALA, FL 34475	CHANGE OF ADDRESS ONLY ON REGISTERED AGENT

7. Name and Address of New Registered Agent	
Name WILLIE FOSTER	
Street Address (P.O. Box Number is Not Acceptable)	
1324 NW 8TH STREET	
City OCALA	FL Zip Code 34475

8. The above named entity submits the obligations of registered agent	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee Is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOSTER, WILLIE JR 1307 NW 12TH ST. OCALA, FL 34475		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1324 NW 8TH STREET	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FOSTER, PARRIE 1307 NW 12TH ST. OCALA, 34475		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1324 NW 8TH STREET	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEWSON, NAPOLIEON 2051 SW 7TH PL OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, CURTIS L 2870 NE 202 TER WILLISTON, FL 32696	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, LEON A 13850 NE 5TH ST WILLISTON, FL 32696	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD STEVENSON, ROBERT T. 740 NW 66TH PLACE OCALA, FL 34475	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:	<i>Curtis L. Harris</i>	Curtis L. Harris	07/08/04 352-392-2161
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>