


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N43827	
1. Entity Name INTIMACY HOUSE OF PRAYER, INC.	

Principal Place of Business 408 NW 10TH ST. OCALA, FL	Mailing Address 1408 NW 10TH ST OCALA, FL 34475 US
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3077638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, WILLIE 1324 NW 8TH STREET OCALA, FL 34475
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOSTER, WILLIE JR 1324 NW 8TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FOSTER, PARRIE 1324 NW 8TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEWSON, NAPOLIEON 2051 SW 7TH PL OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, CURTIS L 2870 NE 202 TER WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVENSON, ROBERT T 740 NW 66TH PLACE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000212950
02/03/05-80053-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-30-05 352-528-5070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #