

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43827**

1. Entity Name  
**INTIMACY HOUSE OF PRAYER, INC.**



Principal Place of Business  
**759 NW MARTIN LUTHER KING BLVD.  
OCALA, FL 34475**

Mailing Address  
**2870 NE 202 TER  
WILLISTON, FL 32696**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP

CR2E037 (4/06)

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  
1324 NW 8TH STREET  
OCALA, FL 34475**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000898988  
04/28/08-80019-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FOSTER, WILLIE JR  
STREET ADDRESS 1324 NW 8TH STREET  
CITY-ST-ZIP Ocala, FL 34475

TITLE SD  
NAME FOSTER, PARRIE  
STREET ADDRESS 1324 NW 8TH STREET  
CITY-ST-ZIP Ocala, FL 34475

TITLE TD  
NAME NEWSON, NAPOLIEON  
STREET ADDRESS 2051 SW 7TH PL  
CITY-ST-ZIP Ocala, FL 34474

TITLE VD  
NAME HARRIS, CURTIS L  
STREET ADDRESS 2870 NE 202 TER  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VD  
NAME STEVENSON, ROBERT T  
STREET ADDRESS 740 NW 66TH PLACE  
CITY-ST-ZIP Ocala, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Curtis Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/19/08 352-316-6811*