2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N43827

Entity Name: INTIMACY HOUSE OF PRAYER, INC.

Current Principal Place of Business:

759 NW MARTHIN LUTHER KING BLVD.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2870 NE 202 TER
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3077638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILLIE
1324 NW 8TH STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOSTER, WILLIE JR
Address: 1324 NW 8TH STREET
City-St-Zip: OCALA, FL 34475

Title: SD ( ) Delete
Name: FOSTER, PARRIE
Address: 1324 NW 8TH STREET
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete
Name: NEWSON, NAPOLIEON
Address: 2051 SW 7TH PL
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete
Name: HARRIS, CURTIS L
Address: 2870 NE 202 TER
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete
Name: STEVENSON, ROBERT T
Address: 740 NW 66TH PLACE
City-St-Zip: OCALA, FL 34475

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: SHULER, CHARLES
Address: 4541 SW 103RD PLACE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS HARRIS VD 05/28/2008

Electronic Signature of Signing Officer or Director — Date