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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46576

1. Corporation Name
EVERLASTING LIFE MINISTRY EVANGELIST CHURCH OF GOD IN CHRIST HOUSE OF PRAYER FOR ALL PEOPLE, INC

Principal Place of Business 1950 NW BLITCHTON RD OCALA FL 32670	Mailing Address 1950 NW BLITCHTON RD OCALA FL 32670
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2. Principal Place of Business 21	2a. Mailing Address 26 10419 OLCOT ST	3. Date Incorporated or Qualified 12/23/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3105777
City & State 23	City & State Orlando FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25	Zip 29 32817	Country 30 Orange

9. Name and Address of Current Registered Agent

EDWARDS, MELVIN SR
 1950 NW BLITCHTON RD
 Ocala FL 34475

10. Name and Address of New Registered Agent

81 Name Edwards, Melvin SR
82 Street Address (P.O. Box Number is Not Acceptable) 10419 OLCOT ST
83
84 City Orlando
85 Zip Code FL 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MELVIN J. SR	1.2 NAME	
STREET ADDRESS	1950 NW BLITCHTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARSHA	2.2 NAME	
STREET ADDRESS	1950 NW OLD BLITCHTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARY E.	3.2 NAME	
STREET ADDRESS	1950 NW BLITCHTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MELVIN J	4.2 NAME	
STREET ADDRESS	10419 OLCOT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALL, ANNETTE	5.2 NAME	Director
STREET ADDRESS	1950 NW BLITCHTON RD	5.3 STREET ADDRESS	Joseph Davis
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	132 S.W. 16th Ave
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTS, HERMAN	6.2 NAME	
STREET ADDRESS	1648 NW 4TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin Edwards Sr SIGNATURE REQUIRED: Edwards Sr 4-19-99 407-234-4682

CR2E037 (1/1/98)