

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90171 014 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**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



|                                |  |                     |  |                                                                                                             |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                           |  |
| 21                             |  | 26 10419 OLCOT ST   |  | 12/23/1991                                                                                                  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                               |  |
| 22                             |  | 27                  |  | 59-3105777                                                                                                  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |  | 28 Orlando FL       |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                 |  | Country                                                                                                     |  |
| 24                             |  | 29 32817            |  | 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 FL         |
| 85 Zip Code                                           | 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

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

(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 J. Edwards Sr 4-19-99 407-234-4682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)