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FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000780 (7)**

1. Corporation Name

GOD ALMIGHTY PRAYER BAND, INC.

Principal Place of Business

Mailing Address

**1442 HELENA ST
JACKSONVILLE FL 32208**

**1442 HELENA ST
JACKSONVILLE FL 32208-3327**

3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 **1442 Helena St.**
Suite, Apt. #, etc.

26 **1442 Helena St.**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville, Fla.**
Zip Country

28 **Jacksonville, Florida**
Zip Country

24 **32208**

25 **Duval**

29 **32208**

30 **Duval**

4. FEI Number
59-3235191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, SHIRLEY M
1442 HELENA ST
JACKSONVILLE FL 32208**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, SHIRLEY	
STREET ADDRESS	1442 HELENA ST	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THARPS, JACQUELYN	
STREET ADDRESS	5316 SPRING GROVE RD	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN SR.	
STREET ADDRESS	1442 HELENA ST	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, LUCY	
STREET ADDRESS	P.O. BOX 439 N/A	
CITY - ST - ZIP	GLEN ST. MARY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COATS, JAMES	
STREET ADDRESS	2523 TEAL ST	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARMER, CLEVELAND	
STREET ADDRESS	P.O. BOX 343 N/A	
CITY - ST - ZIP	SANDERSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Shirley M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1997
Date Deyting Phone 0008065

CR2E037 (9/96)