## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300000780 (7) 1. Corporation Name

GOD ALMIGHTY PRAYER BAND, INC.								
Principal Plac	e of Business	Mailing Address				4 HODRIEDA ACO IDIDE HINI DONA DONI DENNI	40 III	<u> 0   0    09    1  9 </u>
1442 HELENA ST JACKSONVILLE FL 32208 US  1442 HELENA ST JACKSONVILLE FL 32208 US						3. Date Incorporated or Qualified 03/12/1993		
						4. FEI Number 59-3235191	<del> </del>	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add			·			Certificate of Status Desired	\$8.75	5 Additional Required
Suite, Apr. #, etc.						6. Election Campaign Financing	\$5.00	0 May Be
City & State City & State						7. Is this nonprofit corporation a homeo		d to Fees
23		28			Ye			
Zip	Country	Zip	Countr	у		8. This corporation owes or has paid the	<u> </u>	
24	25   9. Name and Address of Curre		30			Personal Property Tax due June 30.  10. Name and Address of New Regist		□ No
	g, trains and nadios of our	in riogistorea Agont	81	Name	<del></del>	10. Harris and Address of New Regist	oren Ağent	
WHITE.	SHIRLEY M		0.0		A al al a	(D.O. Barrish and Aller Annual India)		
1442 HELENA ST			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
JACKSO	DNVILLE FL 32208		83	1				
			84	City		· · · · · · · · · · · · · · · · · · ·	FL 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statute:	s, the abov	e-namec	d corpo			n its registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	a of Florida, Such change was au	uthorized b	y the cor	rporatio	ration submits this statement for the purpoin's board of directors. I hereby accept the	e appointment	as registered
SIGNATURE		janono di, obolion di indopo, i lor	iod Oldiste	.0.				
	Signature, typed or printed name of registered ag			ent signatur	barluper er	-	DATE	
12.	OFFICERS AND DIRECTORS		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	D WHITE, SHIRLEY	☐ DELETE		1.1 TITLE			Change	e Addition
STREET ADDRESS	1442 HELENA ST		12 NAME 13 Street Address					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP					
TITLE	D DELETE		2.1 TITLE				☐ Change	e Addition
NAME	THARPS, JACQUELYN		2.2 NAME		ŀ	.:•	_ •	<del></del>
STREET ADDRESS	\$316 SPRING GROVE RD		2.3 STREET ADDRESS		ŀ			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	e 🔲 Addition
NAME	WHITE, JOHN SR.		3.2 NAME					
STREET ADDRESS	IACKCONIMITE EL			T ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY-	ST-ZIP	<del> </del>		Chan	a Addition
NAME	THOMPSON, LUCY	☐ DECEIE	4.1 IIILE 4.2 NAME				Change	e Addition
STREET ADDRESS	P.O. BOX 439 N/A		4.2 NAME 4.3 STREET ADDRESS					
	GLEN ST. MARY FL							
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		<del> </del>		☐ Change	e Addition
NAME	COATS, JAMES		5.2 NAME				E STANS	, L. Addition
STREET ADDRESS	2523 TEAL ST			T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CiTY-		1			
TITLE	D	☐ DELETE	6.1 TITLE		1		Change	e Addition
NAME	EARLICO OLEVELAND		6.2 NAME	6.2 NAME			_	
STREET ADDRESS	P.O. BOX 343 N/A			T ADDRESS				
CITY-ST-ZIP	<b>\$</b> ANDERSON FL		6.4 CITY-1					

64 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.

SIGNATURE: Ship for MILLER

5/12/98

R2E037 (10/97)

**FILED** 

May 26 1998 8:00am

Secretary of State