

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90071 005 ****62.00

DOCUMENT # N93000000780

1. Corporation Name

GOD ALMIGHTY PRAYER BAND, INC.

Principal Place of Business

1442 HELENA ST
JACKSONVILLE FL 32208
US

Mailing Address

1442 HELENA ST
JACKSONVILLE FL 32208



2. Principal Place of Business

21 1442 Helena St.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, Florida

Zip

24 32208

Country

25 DUCAL

2a. Mailing Address

26 1442 Helena St.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, Florida

Zip

29 32208

Country

30 DUCAL

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

59-3235191

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current 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 ☐ DELETE

NAME WHITE, SHIRLEY
STREET ADDRESS 1442 HELENA ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME THARPS, JACQUELYN
STREET ADDRESS 5316 SPRING GROVE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME WHITE, JOHN SR.
STREET ADDRESS 1442 HELENA ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME THOMPSON, LUCY
STREET ADDRESS P.O. BOX 439 N/A
CITY-ST-ZIP GLEN ST. MARY FL

TITLE D ☐ DELETE

NAME COATS, JAMES
STREET ADDRESS 2523 TEAL ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ 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 ☐ Change ☒ Addition

1.2 NAME Rachel Farmer
1.3 STREET ADDRESS P.O. Box 343
1.4 CITY-ST-ZIP SANDERSON, FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Lou Jean Jones
2.3 STREET ADDRESS P.O. Box 941
2.4 CITY-ST-ZIP MACCLenny, Fla.

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Jeanette Holton
3.3 STREET ADDRESS P.O. Box 35
3.4 CITY-ST-ZIP SANDERSON, Florida

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Henry Reed
4.3 STREET ADDRESS P.O. Box 511
4.4 CITY-ST-ZIP SANDERSON, Florida

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Katie m. Twine
5.3 STREET ADDRESS P.O. Box 493
5.4 CITY-ST-ZIP Glen St. Mary Fla.

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Lisa D. White
6.3 STREET ADDRESS 1442 Helena St.
6.4 CITY-ST-ZIP JACKSONVILLE, Fla. 32208

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999
Date Daytime Phone #

CR2E037 (11/98)