2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N93000002853

Entity Name: OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FOUNDATION, INC.

Current Principal Place of Business:

711 S BAYVIEW AVE
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

711 S BAYVIEW AVE
CLEARWATER, FL 33759 US

New Mailing Address:

FEI Number: 59-3208709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLINE, HARRY S
400 CLEVELAND STREET
STE 800
CLEARWATER, FL 34615 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, DIANE F
Address: 711 S BAYVIEW AVE
City-St-Zip: CLEARWATER, FL 33759

Title: SD ( ) Delete
Name: BROWN, JARED
Address: 711 S BAYVIEW AVE
City-St-Zip: CLEARWATER, FL 33759

Title: VPD ( ) Delete
Name: CONNELLEY, JOHN
Address: 711 S BAYVIEW AVE
City-St-Zip: CLEARWATER, FL 33579

Title: TD ( ) Delete
Name: RENFROW, JEANETTE G
Address: 711 S BAYVIEW AVE
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete
Name: MOONEY, BERT
Address: 711 S. BAYVIEW AVENUE
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE F. BROWN PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date