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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003344**
1. Corporation Name

SHORELINE HOUSE OF PRAYER INC.

Principal Place of Business Mailing Address
ECONO LODGE CENTRAL 9626 McNORTON ROAD
3300 WEST COLONIAL DR. ALTAMONTE SPRINGS
ORLANDO, FLORIDA 32808 FLORIDA, 32714

3. Date Incorporated or Qualified July 21, 1993 3a. Date of Last Report May 26, 1994
4. FEI Number 59-3156231 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

B. Name and Address of Current Registered Agent
K. T. Williams
9626 McNorton Road
Altamonte Springs
Florida, 32714

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *K.T. Williams* K.T. Williams April 14th, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
P Kermoth T. Williams 9626 McNorton Road Altamonte Springs Fl 32714
VP Stanley A. Thaxter 9626 McNorton Road Altamonte Springs Fl 32714
D of Missions Lucille Williams 9626 McNorton Road Altamonte Springs Fl 32714
S Lorna J McKenzie 7749 Murcott Circle Orlando, Fl 32811
T Salome Williams 9626 McNorton Road Altamonte Springs Fl 32714
Tr Levi Peart 1836 S Rio Grande Ave Orlando Fl 32805

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Tr
1.3 STREET ADDRESS Doreen C Bennett-Silvera
1.4 CITY - ST - ZIP 1836 S. Rio Grande Ave Orlando Fl 32805 ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME *DA*
6.3 STREET ADDRESS 5-1-95
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *K.T. Williams* K.T. Williams (Pres) April 14th, 1995 (407) 294-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR