

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003344 (9)

1. Corporation Name

SHORELINE HOUSE OF PRAYER, INC.



Principal Place of Business

Mailing Address

ECONO LODGE CENTRAL
3300 WEST COLONIAL DR.
ORLANDO FL 32808
US

9626 MCNORTON RD.
ALTAMONTE SPRINGS FL 32714
US

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

WILLIAMS, KERMOTH T
9626 MCNORTON ROAD
ALTAMONTE SPRINGS FL 32714

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

K.T. Williams

K.T. WILLIAMS

APRIL 5th, 1996

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WILLIAMS, KERMOTH T
STREET ADDRESS 9626 MCNORTON ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VP ☐ DELETE
NAME THAXTER, STANLEY A
STREET ADDRESS 9626 MCNORTON RD
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE D ☐ DELETE
NAME WILLIAMS, LUCILLE
STREET ADDRESS 9626 MCNORTON RD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE S ☐ DELETE
NAME MCKENZIE, LORNA J
STREET ADDRESS 7749 MURCOT CIR
CITY-ST-ZIP ORLANDO FL 32811

TITLE T ☐ DELETE
NAME SALOME, WILLIAMS
STREET ADDRESS 9626 MCNORTON RD
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE TR ☐ DELETE
NAME PEART, LEVI
STREET ADDRESS 1836 S. RIO GRANDE AVE.
CITY-ST-ZIP ORLANDO FL 32805

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Tr

1.2 NAME

Doreen C. Bennett-Silvera

1.3 STREET ADDRESS

1836 S. Rio Grande Ave

1.4 CITY-ST-ZIP

Orlando FLORIDA 32805

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 PRESIDENT

4/5/96 (407) 294-5676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)