

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000003344 (9)**

1. Corporation Name

SHORELINE HOUSE OF PRAYER, INC.



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|--|---|
| Principal Place of Business 8000 LODGE CENTRAL 6300 WEST COLONIAL DR. ORLANDO FL 32808 US | Mailing Address 9626 MCNORTON RD. ALTAMONTE SPRINGS FL 32714-1610 US |
|--|---|

3. Date Incorporated or Qualified **07/21/1993** 3a. Date of Last Report **04/11/1996**

| | |
|--|---|
| 2. Principal Place of Business 21 9626 McNorton Rd. Suite, Apt. #, etc. 22 City & State 23 Altamonte Springs Fl. Zip Country 24 32714 25 Seminole | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 |
|--|---|

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 WILLIAMS, KERMOTH T 9626 MCNORTON ROAD ALTAMONTE SPRINGS FL 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 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** DATE **4.12.97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, KERMOTH T |
| STREET ADDRESS | 9626 MCNORTON ROAD |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE |
| NAME | THAXTER, STANLEY A |
| STREET ADDRESS | 9626 MCNORTON RD |
| CITY-ST-ZIP | ALTAMONTE SPGS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, LUCILLE |
| STREET ADDRESS | 9626 MCNORTON RD. |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | MCKENZIE, LORNA J |
| STREET ADDRESS | 7749 MURCOT CIR |
| CITY-ST-ZIP | ORLANDO FL 32811 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | SALOME, WILLIAMS |
| STREET ADDRESS | 9626 MCNORTON RD |
| CITY-ST-ZIP | ALTAMONTE SPGS FL 32714 |
| TITLE | TR <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Noel L. Williams |
| 2.3 STREET ADDRESS | 508 Seville Ct. |
| 2.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TREASURER |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | TREASURER |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

CP2E037 (9/96)