


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 9626 MCNORTH RD ALTAMONTE SPRINGS FL 32714 US			Mailing Address 9626 MCNORTH RD ALTAMONTE SPRINGS FL 32714 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/21/1993 4. FEI Number 59-3156231 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent WILLIAMS, KERMOTH T 9626 MCNORTON ROAD ALTAMONTE SPRINGS FL 32714			
81 Name		10. Name and Address of New Registered Agent			
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 <u>KERMOTH T. WILLIAMS</u> PRESIDENT 3.9.98. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, KERMOTH T		1.2 NAME		
STREET ADDRESS	9626 MCNORTON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, NOEL L		2.2 NAME	EDDIE FRANK DANIELS	
STREET ADDRESS	508 SEVILLE CT		2.3 STREET ADDRESS	9626 MCNORTON RD.	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, LUCILLE		3.2 NAME		
STREET ADDRESS	9626 MCNORTON RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, LORNA J		4.2 NAME		
STREET ADDRESS	7749 MURCOOT CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CITY-ST-ZIP		
TITLE	TTR	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALOME, WILLIAMS		5.2 NAME	SALOME DANIELS	
STREET ADDRESS	9626 MCNORTON RD		5.3 STREET ADDRESS	9626 MCNORTON RD.	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	TR	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEART, LEVI		6.2 NAME		
STREET ADDRESS	1836 S. RIO GRANDE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		6.4 CITY-ST-ZIP		

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.

SIGNATURE: KERMOTH T. WILLIAMS 3.9.98.

CR2E037 (10/97)