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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90072 011 *****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005731

1. Corporation Name
CHAPEL OF PRAYER, INC.

Principal Place of Business 1489 WEST 32ND STREET RIVIERA BEACH FL 33404	Mailing Address 1489 WEST 32ND STREET RIVIERA BEACH FL 33404
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1954
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0671125
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUGGINS, HATTIE 1489 WEST 32ND STREET RIVIERA BEACH FL 33404		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVING, DANIEL L	1.2 NAME	
STREET ADDRESS	1700 OWENS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, HATTIE	2.2 NAME	
STREET ADDRESS	1489 W. 32ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33407-4	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, EASTER	3.2 NAME	
STREET ADDRESS	1200 WEST 35TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVING, MELVENIA J	4.2 NAME	
STREET ADDRESS	1700 OWENS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, IDA	5.2 NAME	
STREET ADDRESS	2101 LEOARD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVING, YOLANDA	6.2 NAME	
STREET ADDRESS	1700 OWENS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	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)(l), 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, with all other like empowered.

SIGNATURE: Daniel L. Loving DATE: 01/17/99 (912)888-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)