

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #** N95000001840  
 1. Corporation Name  
**Gods Covenant House of Prayer**

Principal Place of Business Mailing Address  
**2517 Cresap Street Lakeland, Fla. 33801**      **1404 Long Street Lakeland, Fla. 33801**

21	2517 Cresap Street	26	1404 Long Street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	Lakeland, Fla.	28	Lakeland, Fla.
24	33801	29	33801
25	Polk	30	Polk

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number <b>59-3313321</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Myrl Eddings**  
**1404 Long Street**  
**Lakeland, Fla. 33801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 617.0502, Florida Statutes.

SIGNATURE Myrl Eddings *Myrl Eddings* 2/5/97  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman of the Board <input type="checkbox"/> DELETE <u>7</u>
NAME	Myrl Eddings
STREET ADDRESS	1404 Long Street
CITY-ST-ZIP	Lakeland, Fla. 33801
TITLE	Secretary <input type="checkbox"/> DELETE <u>7</u>
NAME	Edna M. Eddings
STREET ADDRESS	1404 Long Street
CITY-ST-ZIP	Lakeland, Fla. 33801
TITLE	Treasurer <input type="checkbox"/> DELETE <u>7</u>
NAME	Michael R. Eddings
STREET ADDRESS	P.O. Box 83 N/A
CITY-ST-ZIP	McIntosh, Ala. 36553
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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	

**VB 3-13**

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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.

SIGNATURE: Myrl Eddings *Myrl Eddings* 2/5/97 665-7876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/96)