FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000004108 (3)

FILED Apr 24 1998 8:00am Secretary of State

THE PRAYER ROOM ASSEMBLY OUTREACH MINISTRY, INC.					
Principal Place of Business Mailing Address					
3500 NORTH PEARL STREET 3500 NORTH PEARL STI JACKSONVILLE FL 32206 JACKSONVILLE FL 3220			:ET		3. Date Incorporated or Qualified 07/21/1997 4. FEI Number 59-3496587 Applied For
					Policy Dollar Not Applicat
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired S8.75 Additional
21		26 Suite, Apt. #, etc.	<u> </u>		Fee Required
Suite, Apt. #, etc.		Suite, Apr. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
22 City & Sta	te	City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☑ No
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curr	29	30		Personal Property Tax due June 30. Yes Africania Yes 10. Name and Address of New Registered Agent
	y. Name and Address of Curr	Aut Mediatolen Want	81	Name	IV. (Mino dilo Addites di Itali Italiani da Agoni
WALKER, RONALD E			_	1 0 1 1	(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
140 5TH STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	ONVILLE FL 32206		83	 	
3. 10 1.0			84	City	■■ 85 Zip Code
				1	orporation submits this statement for the purpose of changing its registers ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a				Quired when reinstailing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE		1.1 TITLE		☐ Change ☐ Additi
NAME	WALKER, RONALD E SR		1.2 NAME		
STREET ADDRESS 140 WEST 5TH STREET			1.3 STREE	T ADDRESS	
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE		Change Additi
NAME	WALKER, VALENA E		2.2 NAME		$a \star c + a$
STREET ADDRESS	140 WEST 5TH STREET JACKSONVILLE FL 32206			T ADDRESS	
CITY-ST-ZIP TITLE	S	☐ DELETE	2. 4 CITY- 3.1 TITLE	-31-ZIP	Change Addit
NAME	BAILEY, ELVENER L		3.2 NAME		
STREET ADDRESS	1282 WEST 29TH STREET		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206		3.4. CITY	ST-ZIP	
TITLE **	0 1 1 1 1 1 1	DELETE	4.1 TITLE		☐ Change ☐ Addit
NAME PATRICIA MATONE			4. 2 NAMI		
STREET ADDRESS	3616 WAIN	of Set.		T ADDRESS	
CITY-ST-ZIP	JAY. 1/10. 325	DELETE	4.4 CITY- 5.1 TITLE		Change Addit
NAME	Radia AA	- June	5.2 NAME		
STREET ADDRESS 2616 LIAINED ST				T ADDRESS	
CITY-ST-ZIP	Tay 6/4 322	0/-	5.4 CITY-		
TITLE T	DERTET BAILE	O- DELETE	6.1 TITLE		Change Addit
NAME	DEXTER BAILE	Y . Yr ·	6.2 NAME		
STREET ADDRESS	1282 W. 29th	₹	6.3 STREE	T ADDRESS	

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 1