

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 12, 1999 8:00 am**  
**Secretary of State**

08-12-1999 90006 003 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N97000004108**

1. Corporation Name

**THE PRAYER ROOM ASSEMBLY OUTREACH MINISTRY, INC.**

Principal Place of Business  
 3500 NORTH PEARL STREET  
 JACKSONVILLE FL 32206

Mailing Address  
 3500 NORTH PEARL STREET  
 JACKSONVILLE FL 32206

6 8 4 8 5 8  
 604858 - 90006 - 3



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/21/1997

22 City & State

27 City & State

4. FEI Number  
 59-3496587

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25 29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, RONALD E  
 140 5TH STREET  
 JACKSONVILLE FL 32206

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

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  DELETE  
 NAME WALKER, RONALD E SR  
 STREET ADDRESS 140 WEST 5TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32206

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VT  DELETE  
 NAME WALKER, VALENA E  
 STREET ADDRESS 140 WEST 5TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32206

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME BAILEY, ELVENER L  
 STREET ADDRESS 1282 WEST 29TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32206

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME MALONE, PATRICIA  
 STREET ADDRESS 2616 WALNUT ST  
 CITY-ST-ZIP JAX FL 32206

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME MALONE, RODNEY  
 STREET ADDRESS 2616 WALNUT ST  
 CITY-ST-ZIP JAX FL 32206

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME BAILEY JR, DEXTER  
 STREET ADDRESS 1282 W 29TH ST  
 CITY-ST-ZIP JAX FL 32209

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: Ronald E Walker SR 8/10/99 904-3565011  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)