

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004376**

1. Entity Name

GOD'S CHURCH PRAYER HOUSE, INC.



Principal Place of Business

1300 SW FT KING  
OCALA, FL 34475

Mailing Address

2720 S.E. 59TH ST.  
OCALA, FL 34480



04262006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3464337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MARY  
2720 S.E. 59TH STREET  
OCALA, FL 34480

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ROBINSON, MARY  
2720 S E 59TH STREET  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
ROBINSON, ANGELA  
2721 S.E. 62ND STREET  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
WEST, LOUISE  
2046 S W 11TH STREET  
OCALA, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ROBINSON, ARDELL  
2720 SE 59 ST  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
ROBINSON, ARDELL JR.  
2721 S.E. 62ND STREET  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000550926  
05/13/06-80075-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mary Robinson* MARY Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06