

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M97000004376

1. Entity Name
GOD'S CHURCH PRAYER HOUSE, INC.



FILED
Apr 30, 2007 08:00 AM
Secretary of State

Principal Place of Business

1300 SW FT KING
OCALA, FL 34475

Mailing Address

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



04262007 No Chg-NP

CR2E037 (4/06)

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, 2007

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	

U00000747398
05/17/07-80024-005 61.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4- 26-07

Date

Daytime Phone #