FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

N97000005058 (9) DOCUMENT #

LITTLE SANCTUARY HOUSE OF PRAISE, INC.

•								
7404 STRATO ROAD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210					3. Date incorporated or Qualified			
		200000000000000000000000000000000000000			09/05/1997			
					4. FEI Number	-	Applied For	
					59-3482525		Not Applicabl	
2. Principal Place of Business		2a. Mailing Address 26	—		5. Certificate of Status Desired	+	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be			
12		27	27		Trust Fund Contribution	+++++		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?				
					Yes 10€No			
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the co	urrent vear l	intangible	
14	25	29 3	ю.		Personal Property Tax due June 30.		No.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
COLLINS, COLEY 7404 STRATO ROAD								
				82 Street Address (P.O. Box Number is Not Acceptable)				
			63	 				
JACKSU	NMLLE FL 32210		"					
			84	City	F	86 Zip	Code	
office of r agent. I a SIGNATURE	egistered agent, or both, in the s m familiar with, and accept the c	State of Florida. Such change was au obligations of, Section 617.0503, Flori	thorizid b ida Staute	y the corpora 8.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of abanaina	its registere is registered	
	Signature, typed or printed name of registers			ent signature requ	uired when reinstating) DATE			
12.	OFFICERS	S AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	DELETE	1.1MLE	3	u el la	Change	Addition	
NAME	COLLINS, COLEY		1.2 AME	1	Keyshona Charles 1404 Strato Rd			
STREET ADDRESS	7404 STRATO ROAD		1.3 PREET	ADDRESS	7404 Strato Kd			
CITY-ST-ZIP	JACKSONVILLE FL 32210	0	14 17-8	T-ZIP	racksonville F132210	1		
TITLE	D	☐ DELETE	2.1 FLE			Change	Additio	
NAME	COLLINS, NORMA J		2.2 JME	}				
STREET ADDRESS	7404 STRATO ROAD		2.3 MEET	ADDRESS				
•	JACKSONVILLE FL 32210	n	2. 4ITY-					
CITY-ST-ZIP	WOODONTILL IL DEFIC	DELETE	3.1 TLE	pr-ur		Change	Additio	
INILE				1				

6 ITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the emption 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 at 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 executthis report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3.3 REET ADDRESS

EET ADDRESS

6.3 REET ADDRESS

3.4.1TY-\$1-ZIP

4.1 TLE

4. 2AME **4.3 TREET ADDRESS**

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Change

Addition

☐ Addition

FILED

May 01 1998 8:00am

Secretary of State