


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
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90004 024 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000005058

1. Corporation Name

LITTLE SANCTUARY HOUSE OF PRAISE, INC.

Principal Place of Business

7404 STRATO ROAD
JACKSONVILLE FL 32210

Mailing Address

7404 STRATO ROAD
JACKSONVILLE FL 32210

615607-90014-8



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7974 Helston Dr.	26	7974 Helston Dr.	09/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3482525	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tax, FL		28 Tax, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	32208	25	United States	29	32208
30	United States				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, COLEY
7404 STRATO ROAD
JACKSONVILLE FL 32210

81	Name	Coley Collins	
82	Street Address (P.O. Box Number is Not Acceptable)	7974 Helston Dr.	
83			
84	City	FL	85 Zip Code
	Tax		32208

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	D <input type="checkbox"/> DELETE	1.1 TITLE	Collins Coley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, COLEY	1.2 NAME	7974 Helston Dr.
STREET ADDRESS	7404 STRATO ROAD	1.3 STREET ADDRESS	Tax, FL 32208
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Collins, Norma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, NORMA J	2.2 NAME	7974 Helston Dr.
STREET ADDRESS	7404 STRATO ROAD	2.3 STREET ADDRESS	Tax, FL 32208
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Charles, Keyshona <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, KESHONA	3.2 NAME	7974 Helston Dr.
STREET ADDRESS	7404 STRATO RD	3.3 STREET ADDRESS	Tax, FL 32208
CITY-ST-ZIP	JAC FL 32210	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99

Date

Daytime Phone #

(904) 768-4037

CR2E037 (5/99)