

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90003 018 ****66.25

DOCUMENT # N97000006231

1. Entity Name

ROMEO HOUSE OF PRAYER, INC.



Principal Place of Business

7931 S.E. 196TH TERRACE
MORRISTON FL 32668

Mailing Address

7931 S.E. 196TH TERRACE
MORRISTON FL 32668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3476789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, FRANKLIN D
7190 S.E. 195TH COURT
MORRISTON FL 32668

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, FRANKLIN D	
STREET ADDRESS	7931 S.E. 196TH TERRACE	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, SONJA S	
STREET ADDRESS	7931 S.E. 196TH TERRACE	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, ROY L	
STREET ADDRESS	13398 SW 6TH LANE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES E. Banks	
STREET ADDRESS	20180 S.W. RAINBOW LKS. BLVD.	
CITY-ST-ZIP	DUNNELLON, FL. 34431	
TITLE	T	<input type="checkbox"/> Delete
NAME	Timothy R. Hareless	
STREET ADDRESS	2941 SW 171 CT	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Franklin D. Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN D. HAYNES-352-528-5103

Date

Daytime Phone #