

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 27

DOCUMENT # 766381 (8)

1. Corporation Name
TABERNALE OF PRAYER OF INVERNESS, INC.

Principal Place of Business Mailing Address
C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 32650
C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 32650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1983	3a. Date of Last Report 02/11/1994
4. FEI Number 00-1660019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34450	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34450
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9. Name and Address of Current Registered Agent

**JOHNSON, JOE
828 TWIGG ST.
ROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHESTER, LARRY
STREET ADDRESS	3455 E. JONAH PLACE
CITY - ST - ZIP	INVERNESS FL
TITLE	V
NAME	CHESTER, KIM V.
STREET ADDRESS	460 S. SNAPP AVE.
CITY - ST - ZIP	INVERNESS FL
TITLE	T
NAME	HENRY, ROSE
STREET ADDRESS	P.O. BOX 893, NA
CITY - ST - ZIP	INVERNESS FL
TITLE	D
NAME	CHESTER, LONNIE
STREET ADDRESS	3101 E DEAL ST
CITY - ST - ZIP	INVERNESS FL
TITLE	D
NAME	JOHNSON, JOE
STREET ADDRESS	828 TWIGG ST
CITY - ST - ZIP	ROOKSVILLE FL
TITLE	SD
NAME	CHESTER, KIM V.
STREET ADDRESS	460 S. SNAPP AVE.
CITY - ST - ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHESTER, TONI V.
2.3 STREET ADDRESS	3455 E. JONAH PL
2.4 CITY - ST - ZIP	INVERNESS, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACKSON, BRENDA
3.3 STREET ADDRESS	1710 TUTTLE ST.
3.4 CITY - ST - ZIP	INVERNESS, FL 34450
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Chester* (904) 637-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR