

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 766381 (8)**  
1. Corporation Name  
**TABERNACLE OF PRAYER OF INVERNESS, INC.**



Principal Place of Business	Mailing Address
C/O LARRY CHESTER 225 N SEMINOLE AVE. INVERNESS FL 34450 US	C/O LARRY CHESTER 225 N SEMINOLE AVE. INVERNESS FL 34450 US

3. Date Incorporated or Qualified <b>01/03/1983</b>	3a. Date of Last Report <b>02/02/1995</b>
4. FEI Number <b>00-1660019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
30	

**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	<b>BRENDA JACKSON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3228 LLOYD ST</b>
83	
84 City	<b>INVERNESS</b>
85 State	<b>FL</b>
Zip Code	<b>34453</b>

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: Brenda Jackson  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, LARRY</b>	
STREET ADDRESS	<b>3455 E. JONAH PLACE</b>	
CITY - ST - ZIP	<b>INVERNESS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, TONI V.</b>	
STREET ADDRESS	<b>3455 E. JONAH PL.</b>	
CITY - ST - ZIP	<b>INVERNESS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENRY, ROSE</b>	
STREET ADDRESS	<b>P.O. BOX 893, NA</b>	
CITY - ST - ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, LONNIE</b>	
STREET ADDRESS	<b>3101 E DEAL ST</b>	
CITY - ST - ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JOE</b>	
STREET ADDRESS	<b>828 TWIGG ST</b>	
CITY - ST - ZIP	<b>ROOKSVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, KIM V.</b>	
STREET ADDRESS	<b>460 S. SNAPP AVE.</b>	
CITY - ST - ZIP	<b>INVERNESS FL</b>	

**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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JACKSON, BRENDA</b>
3.3 STREET ADDRESS	<b>3228 LLOYD STREET</b>
3.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kim V. Chester Kim V. Chester February 23, 1996 (904) 631-0254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (904) 726-8353

CR2E037 (12/95)