

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 033 ****61.25

DOCUMENT # 733167	
1. Entity Name FAITH PRAYER CENTER, INC.	

Principal Place of Business 1282 CAPITAL BLVD PENSACOLA FL 32505	Mailing Address 1281 CAPITOL BLVD. PENSACOLA FL 32505
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, FRANCES C 1281 CAPITAL BLVD PENSACOLA FL 32505		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 *Frances C King* DATE *1/18/06*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, MARY 1285 CAPITOL BLVD PENSACOLA FL 32505 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Francis King 1282 Capitol Blvd PENSACOLA FL 32505 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, RUBY 179 E. BURGESS ROAD PENSACOLA FL 32503 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, RANDY 1285 CAPITAL BLVD. PENSACOLA FL 32505 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, DENISE 181 E. BURGESS ROAD PENSACOLA FL 32503 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNADO, CONNIE 177 E. BURGESS ROAD PENSACOLA FL 32503 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAY, FRANK 179 E. BURGESS ROAD PENSACOLA FL 32503 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Frances C King* DATE *1/18/06*