

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 758231 (5)**

1. Corporation Name

**PRAYER CHAINERS MISSION OF GOD, INC.**



Principal Place of Business  
**PRAYERS CHAINERS MISSION  
P.O. BOX 623  
BLOUNTSTOWN FL 32424  
US**

Mailing Address  
**P O BOX 623  
P.O. BOX 623  
BLOUNTSTOWN FL 32424  
US**

3. Date Incorporated or Qualified  
**10/29/1981**

3a. Date of Last Report  
**05/31/1995**

4. FEI Number  
**05-0079001**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**SHEARD, GERALDINE B  
SHEARD ROAD, P O BOX 623  
BLOUNTSTOWN FL 32424**

## 10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City **FL** **85** Zip Code

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 *Geraldine B Sheard, Pastor*

**3/18/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SHEARD, GERALDINE B**  
CITY-ST-ZIP **PO BOX 623 SHEARDS RD  
BLOUNTSTOWN FL**

TITLE ☐ DELETE  
NAME **ASD**  
STREET ADDRESS **PETERSON, DEBRA**  
CITY-ST-ZIP **310 DAVIS CIRCLE  
BLOUNTSTOWN FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **DAVIS, RUBY**  
CITY-ST-ZIP **RT 1 BOX 131  
BLOUNTSTOWN FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **CARGILE, DEIDRA**  
CITY-ST-ZIP **924 RIDGE AVE.  
BLOUNTSTOWN FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **PETERSON, JEREMIAH**  
CITY-ST-ZIP **611 RIVER ST  
BLOUNTSTOWN FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PETERSON, MARJORIE**  
CITY-ST-ZIP **611 RIVER ST  
BLOUNTSTOWN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Geraldine B Sheard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/96**

Date

**(904) 674-8234**

Daytime Phone #

CR2E037 (12/95)