2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 758231

1. Entity Name
PRAYER CHAINERS MISSION OF GOD, INC.

Principal Place of Business	Mailing Address
PRAYERS CHAINERS MISSION 19455 SE MCDANIEL RD BLOUNTSTOWN, FL 32424 US	P O BOX 623 P.O. BOX 623 BLOUNTSTOWN, FL 32424 US

06302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0079001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEARD, GERALDINE B
19569 SHEARD'S RD
BLOUNTSTOWN, FL 32424

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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: Geraldine B Sheard Geraldine B Sheard July 1, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEARD, GERALDINE B
STREET ADDRESS	19569 SE 3 SHEARDS ROAD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	ASD
NAME	PETERSON, DEBRA
STREET ADDRESS	20806 DAVIS CIRCLE
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	AD
NAME	DAVIS, RUBY
STREET ADDRESS	10877 SE HWY 69
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	S
NAME	PETERSON, MARJORIE A
STREET ADDRESS	19503 SE SHEARDS RD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	VD
NAME	ABNER JONES, DEBRA K
STREET ADDRESS	19503 SE DAVIS RD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	CARROLL, ANNETTE
STREET ADDRESS	RTE 3 BOX 286G
CITY-ST-ZIP	BRISTOL, FL 32351

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07/05/05-80017-011 70.00

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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: Geraldine B. Sheard Geraldine B Sheard 7/1/05 1-850-674-6985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #