

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000006098**

1. Entity Name  
 THE LIBERIA PRAYER VIGIL, INC.



Principal Place of Business  
 2923 MOUNT SNOW COURT  
 ELLICOTT CITY, MD 21042

Mailing Address  
 2923 MOUNT SNOW COURT  
 ELLICOTT CITY, MD 21042

**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 75-3080494 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURPHY, COMFORT  
 6603 CONSTANCE STREET  
 LAKE WORTH, FL 33467

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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. *N/A*

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURPHY, NANCY T 9957 GOOD LUCK ROAD APT. 201 SEABROOK, MD 20706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUNBAR, EDWIN SR 5708 CLIFF HAVEN DRIVE DALLAS, TX 75236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGBUNIWE, F. VIOLA 14 GENTIAN AVENUE PROVIDENCE, RI 02908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARNGA, ISABEL 1340 VINE CURCLE MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARHAT, DAVID SR 2923 MOUNT SNOW COURT ELLICOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GBALAZEH, OCTAVIA 4107 BRIGGS CHANEY ROAD 20705 BELTVILLE, MD 20706

U00000296033  
 04/09/05-80052-008 61.25

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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)(f), 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: Comfort Burphy Comfort Burphy 4/7/05 561-966-1912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/emo Phone #