


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90439 041 ****61.25

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**



2. Principal Place of Business
9957 Good Luck Road

3. Mailing Address
**P.O. Box 466
 Glen Dale, Maryland 20769**

04112006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.
Ste. 201

City & State
Seabrook, MD

Zip
20706-3271

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**

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____
(Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

**Filing 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BURPHY, NANCY T 9957 GOOD LUCK ROAD APT. 201 SEABROOK, MD 20706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC DUNBAR, EDWIN SR 5708 CLIFF HAVEN DRIVE DALLAS, TX 75236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGBUNIWE, F. VIOLA 14 GENTIAN AVENUE PROVIDENCE, RI 02908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARNGA, ISABEL 1340 VINE CURCLE MCDONOUGH, GA 30253 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARHAT, DAVID SR 2923 MOUNT SNOW COURT ELLICOTT CITY, MD 21042 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GBLAZEH, OCTAVIA 4107 BRIGGS CHANEY ROAD 20706 BELTVILLE, MD 20706 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Mildred Karpeh 6616 Slatewood Road Charlotte, NC 28212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Elaine Dunbar 5708 CLIFF HAVEN DRIVE DALLAS, TX 75236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joyce Culbreath 3914 Briarhill Drive Charlotte, NC 28215 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Trypetus Cooper-Padmore 1401 Northgate Square Apartment 2 Reston, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Janice Jackson 2 Maryland Circle Apartment 107 Whitehall, PA 18052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 **4/21/06** **561-809-3434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #