


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90072 048 \*\*\*\*61.25

DOCUMENT # F03000006098			
1. Entity Name THE LIBERIA PRAYER VIGIL, INC.			
Principal Place of Business 9957 GOOD LUCK RD SUITE 201 SEABROOK, MD 20706-3271		Mailing Address PO BOX 466 GLENN DALE, MD 20769	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURPHY, NANCY T	NAME	
STREET ADDRESS	9957 GOOD LUCK ROAD APT. 201	STREET ADDRESS	
CITY-ST-ZIP	SEABROOK, MD 20706	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, EDWIN SR	NAME	
STREET ADDRESS	5708 CLIFF HAVEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75236	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBREATH, JOYCE	NAME	
STREET ADDRESS	3914 BRIARHILL DR	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28215	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER-PADMORE, TRYPENUS	NAME	
STREET ADDRESS	1401 NORTHGATE SQ APT 2	STREET ADDRESS	
CITY-ST-ZIP	RESTON, VA 20190	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JANICE	NAME	S Sophie Moore
STREET ADDRESS	2 MARYLAND CIR APT 107	STREET ADDRESS	14 Clarke Ave
CITY-ST-ZIP	WHITEHALL, PA 18052	CITY-ST-ZIP	Pawtucket, RI 02860
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPEH, MILDRED	NAME	
STREET ADDRESS	6616 SLATEWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28212	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 any address, with all other like empowered.			
SIGNATURE: <u><i>Nancy T Burphy</i></u>		Date: <u>4/18/08</u> Daytime Phone #: <u>966-1912</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	