

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006098

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE LIBERIA PRAYER VIGIL, INC.

Current Principal Place of Business:

9957 GOOD LUCK RD
SUITE 201
SEABROOK, MD 207063271

New Principal Place of Business:

Current Mailing Address:

PO BOX 466
GLENN DALE, MD 20769

New Mailing Address:

FEI Number: 75-3080494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURPHY, COMFORT
6603 CONSTANCE STREET
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BURPHY, NANCY T
Address: 9957 GOOD LUCK ROAD APT. 201
City-St-Zip: SEABROOK, MD 20706

Title: VC () Delete
Name: DUNBAR, EDWIN SR
Address: 5708 CLIFF HAVEN DRIVE
City-St-Zip: DALLAS, TX 75236

Title: S () Delete
Name: SOPHIE, MOORE
Address: 14 CLARKE AVE
City-St-Zip: PAWTUCKET, RI 02860

Title: VC () Delete
Name: KARPEH, MILDRED
Address: 6616 SLATEWOOD RD
City-St-Zip: CHARLOTTE, NC 28212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: DUNBAR, ELAINE
Address: 5708 CLIFF HAVEN DRVE
City-St-Zip: DALLAS, TX 75236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COMFORT BURPHY

RA

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date