2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004029

1. Entity Name
THE FAMILY PRAYER CENTER, INC.

Principal Place of Business	Mailing Address
615 NASSAU STREET IMMOKALEE, FL 34142	634 SW 10TH TERR CAPE CORAL, FL 33991

04112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0770238
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLINT, GARY D
615 NASSAU STREET
IMMOKALEE, FL 34142

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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 _____ 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	PD
NAME	FLINT, GARY D
STREET ADDRESS	615 NASSAU STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	S
NAME	FLINT, CANDIS
STREET ADDRESS	615 NASSAU STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	TD
NAME	BEATANCOURT, HOMER
STREET ADDRESS	1181 6TH AVENUE NORTH
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80091-004 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)(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: Candis Flint Candis Flint 4-22-05 239-658-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #