


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90018 005 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N98000005786**

1. Corporation Name  
**PRAYER BLITZ 2000 INC.**

|   |   |
|---|---|
| Principal Place of Business<br>4842 LEMA COURT<br>N FORT MYERS FL 33903 | Mailing Address<br>4842 LEMA COURT<br>N FORT MYERS FL 33903 |
|---|---|



|  |                                    |   |
|--|------------------------------------|---|
| 21. Principal Place of Business<br><b>SAME</b> | 2a. Mailing Address<br><b>SAME</b> | 3. Date Incorporated or Qualified<br>10/08/1998 |
| 22. Suite, Apt. #, etc.                        | 27. Suite, Apt. #, etc.            | 4. FEI Number<br><b>65-0880332</b>              |
| 23. City & State                               | 28. City & State                   | Applied For<br>Not Applicable                   |
| 24. Zip  | 25. Country                        | 29. Zip   |
| 26. Zip  | 27. Country                        | 30. Country                                     |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>VALKANET, EDWARD<br/>4842 LEMA COURT<br/>N FORT MYERS FL 33903</b> | 10. Name and Address of New Registered Agent           |
| 81. Name   | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  | 84. City   |
|  | 85. Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS                               |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br><b>DIRECTOR</b> <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE   |  |
| NAME<br><b>FRED SCHWARTZENBURG</b>                       | 1.2 NAME  | 1.2 NAME  |  |
| STREET ADDRESS<br><b>2117 SE 5CT</b>                     | 1.3 STREET ADDRESS  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>CAPE CORAL FL-33990</b>                | 1.4 CITY-ST-ZIP   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>DIRECTOR</b> <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE   |  |
| NAME<br><b>THOMAS MARCHETTO</b>                          | 2.2 NAME  | 2.2 NAME  |  |
| STREET ADDRESS<br><b>530 SE 20 CT, 33990</b>             | 2.3 STREET ADDRESS  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>CAPE CORAL FL</b>                      | 2.4 CITY-ST-ZIP   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>DIRECTOR</b> <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE   |  |
| NAME<br><b>DAVID GLASS</b>                               | 3.2 NAME  | 3.2 NAME  |  |
| STREET ADDRESS<br><b>4745-Y ORANGE GRV BLVD,</b>         | 3.3 STREET ADDRESS  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>N. FT. MYERS FL-33903</b>              | 3.4 CITY-ST-ZIP   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE <input type="checkbox"/> DELETE                    | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE   |  |
| NAME   | 4.2 NAME  | 4.2 NAME  |  |
| STREET ADDRESS   | 4.3 STREET ADDRESS  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP  | 4.4 CITY-ST-ZIP   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE <input type="checkbox"/> DELETE                    | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE   |  |
| NAME   | 5.2 NAME  | 5.2 NAME  |  |
| STREET ADDRESS   | 5.3 STREET ADDRESS  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP  | 5.4 CITY-ST-ZIP   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE <input type="checkbox"/> DELETE                    | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE   |  |
| NAME   | 6.2 NAME  | 6.2 NAME  |  |
| STREET ADDRESS   | 6.3 STREET ADDRESS  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP  | 6.4 CITY-ST-ZIP   | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **Apr 19 1999** Daytime Phone #: **941-995-2006**

CR2E037 (1/1/98)