

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006098

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**9118952693CC**

**Entity Name:** THE LIBERIA PRAYER VIGIL, INC.

**Current Principal Place of Business:**

1401 ELFIN COURT  
FREDERICK, MD 21703

**Current Mailing Address:**

P.O. BOX 466  
SUITE 201  
GLENN DALE,, MD 20769 US

**FEI Number: 75-3080494**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            S  
Name            YAHNQUEE, SELMA  
Address        5219 ERANITE GREEK LANE  
City-State-Zip: CHARLOTTE NC 28269

Title            TREASURER  
Name            BANKS, GENNETHER  
Address        4126 DUNNWOODY DRIVE  
City-State-Zip: CHARLOTTE NC 28215

Title            FINANCIAL SECRETARY  
Name            T, MARTHA WEEKS  
Address        1401 ELFIN COURT  
City-State-Zip: FREDERICK MD 21703

Title            DIRECTOR  
Name            SLAWON, JOANNA M  
Address        3736 GLENVILLE AVE  
City-State-Zip: CHARLOTTE NC 28215

Title            FINANCIAL OFFICER  
Name            TAMBA, EVELYN  
Address        6904 GOLDENWILLOW DR.  
City-State-Zip: CHARLOTTE NC 28215

*I hereby 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 all other like empowered.*

**SIGNATURE: JOANNA SLAWON**

**DIRECTOR**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date