


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 746941 1. Entity Name THE COMMUNITY PRAYER BAND AND BIBLE CLASS, INC.	
--	---

Principal Place of Business 174 SW OSLO TRL. GREENVILLE, FL 32331	Mailing Address P O BOX 156 GREENVILLE, FL 32331 US
---	---



04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2044514	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWNING, EDWIN B. 901 WEST BASE STREET MADISON, FL 32340

DO NOT WRITE IN THIS SPACE

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)</small>	DATE _____
---	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, REV JAMES 826 WESTERN AVE. GREENVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, GERALDINE RT 3, BOX 101 GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDRICK, DOROTHY PO BOX 423 GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDING, MARIE P O BOX 22-N/A GREENVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLEE, KIM RT 3, BOX 16A GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UG00000337144 04/27/05-90156-012 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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: <u>Kimberly Lee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4.25.05 <u>(850) 948-2475</u> <small>Date Daytime Phone #</small>
---	---