2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754854

FILED May 01, 2009 Secretary of State

Entity Name: LITTLE LAKE WEIR PRAYER HOUSE, INC.

Current Principal Place of Business: New Principal Place of Business: % A.P. TERRY 14226 SE 100TH AVENUE SUMMERFIELD, FL 34491 **New Mailing Address: Current Mailing Address:** % A.P. TERRY 14226 SE 100TH AVENUE SUMMERFIELD, FL 34491 FEI Number: 81-1111111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALONE, CUBIT JER MALONE, CUBIT JR 2520 ST RD 46 E 2520 ST ŔD 46 E SANFORD, FL 32771 SANFORD, FL 32771 US 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: CUBIT MALONE, JR. 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Delete (X) Change () Addition TERRY, MARY ANN TERRY, MARY ANN Name: Name: 13551 S. E. 168TH PL Address: 13551 S. E. 168TH PL Address: City-St-Zip: WEIRSDALE, FL City-St-Zip: WEIRSDALE, FL 32195 Title: CD () Delete Title: (X) Change () Addition ASH, LARRY Name: TERRY, ALVIN Name: Address: 106 SCOTT DR Address: 13551 S. E. 168TH PL City-St-Zip: SANFORD, FL 32771 City-St-Zip: WEIRSDALE, FL 32195 Title: () Delete Title: () Change (X) Addition SAMS, BRANDON Name: Name: 14211 S E 100TH AVE Address: Address: City-St-Zip: City-St-Zip: SUMMERFIELD, FL 34491 Title: () Delete Title: () Change (X) Addition Name: Name: SAMS, LAKESHA Address: Address: 14211 S E 100TH AVE City-St-Zip: City-St-Zip: SUMMERFIELD, FL 34491 Title: () Delete Title: () Change (X) Addition PERRY, CHARLIE Name: Name: 1449 S E 95TH AVE Address: Address: City-St-Zip: City-St-Zip: SUMMERFIELD, FL 34491 Title: () Delete Title: () Change (X) Addition SCONIONS, CAROLYN Name: Name: Address: Address: 2038 BLACKSTON AVE SANFORD, FL 32771 City-St-Zip: City-St-Zip:

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: CAROLYN L SCONIONS O 05/01/2009