


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 755689 1. Entity Name THE BIBLE WAY PRAYER MISSION INC.	
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Principal Place of Business 5789 NW 7TH AVENUE MIAMI, FL 33127-1142	Mailing Address 5789 NW 7TH AVENUE MIAMI, FL 33127-1142
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-5689000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PACHECO, MINNIE B
7730 N.W. 12TH AVE.
MIAMI, FL 33247**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000751036
05/18/07-00088-003 122.50

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, BERRY M 981 NW 215 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLE, BILLIE J 1450 NW 179 TERRACE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, ELOIS L 1150 NW 108 TERRACE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYD, MARY A 7730 NW 12TH AVENUE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, JUANITA 7730 N.W. 12TH AVE. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Juanita Hawkins* **4/23/07** **305-751-3566**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #