2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755689

FILED Apr 17, 2009 Secretary of State

Entity Name: THE BIBLE WAY PRAYER MISSION INC.

^ F	Driveinal Diago	of Business	New Principal Place	of Business
	Principal Place	e or business:	New Principal Place	or Business:
	7TH AVENUE 331271142			
Current Mailing Address:		New Mailing Address:		
	7TH AVENUE 331271142			
FEI Numbe	r: 75-5689000	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
7730 N.W MIAMI, FL The above	O, MINNIE B /. 12TH AVE 33247 US e named entity: te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	JRE:			
	Electror	nic Signature of Registered Ag	ent	Date
OFFICER	Electror	nic Signature of Registered Ag TORS:		
Title: Name: Address:	PD () ADAMS, BERR 981 NW 215	TORS:) Delete Y M		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () ADAMS, BERR 981 NW 215 MIAMI, FL 331 TD () ROLE, BILLIE 1450 NW 179 T	TORS:) Delete Y M 69) Delete J FERRACE	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () ADAMS, BERR 981 NW 215 MIAMI, FL 331 TD () ROLE, BILLIE, 1450 NW 179 T MIAMI, FL 331 V () ADAMS, ELOIS 1150 NW 108 T	Delete Y M 69 Delete J FERRACE 69 Delete S L FERRACE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	PD () ADAMS, BERR 981 NW 215 MIAMI, FL 331 TD () ROLE, BILLIE, 1450 NW 179 T MIAMI, FL 331 V () ADAMS, ELOIS 1150 NW 108 T MIAMI, FL 331	Delete Y M 69 Delete J FERRACE 69 Delete S L FERRACE 68 Delete A L AVENUE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition

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: MINNIE PACHECO RA 04/17/2009