


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90005 002 ****61.25

DOCUMENT # 758231 1. Entity Name PRAYER CHAINERS MISSION OF GOD, INC.			
Principal Place of Business PRAYERS CHAINERS MISSION P.O. BOX 623 BLOUNTSTOWN FL 32424 US		Mailing Address P O BOX 623 P.O. BOX 623 BLOUNTSTOWN FL 32424 US	
2. Principal Place of Business Prayer Chainers' Mission Suite, Apt. #, etc. 19455 SE McDaniel Rd City & State Blountstown, Florida Zip 32424		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US	
4. FEI Number 05-0079001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEARD, GERALDINE B 19569 SHEARD'S RD BLOUNTSTOWN FL 32424		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEARD, GERALDINE B 19569 SE 3 SHEARDS ROAD BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD PETERSON, DEBRA 20806 DAVIS CIRCLE BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD DAVIS, RUBY 10877 SE HWY-69 BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PETERSON, MARJORIE A 19503 SE SHEARDS RD BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ABNER JONES, DEBRA K 19503 SE DAVIS RD BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, ANNETTE RTE 3 BOX 286G BRISTOL FL 32351	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Geraldine B Sheard</u> <u>Geraldine B Sheard</u> 4/20/04 1-850-674-8747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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MOORE CR2E037 (11/03)