


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 758231</b>		
1. Entity Name <b>PRAYER CHAINERS MISSION OF GOD, INC.</b>		
Principal Place of Business <b>PRAYERS CHAINERS MISSION 19455 SE MCDANIEL RD BLOUNTSTOWN, FL 32424 US</b>		Mailing Address <b>P O BOX 623 P.O. BOX 623 BLOUNTSTOWN, FL 32424 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SHEARD, GERALDINE B 19569 SHEARD'S RD BLOUNTSTOWN, FL 32424</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>Geraldine B Sheard</i></u> <u><i>Geraldine B Sheard</i></u> <u><i>1/10/06</i></u> <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SHEARD, GERALDINE B	
STREET ADDRESS	19569 SE 3 SHEARDS ROAD	
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424	
TITLE	ASD	
NAME	PETERSON, DEBRA	
STREET ADDRESS	20806 DAVIS CIRCLE	
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424	
TITLE	AD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	DAVIS, RUBY	
STREET ADDRESS	10877 SE HWY 69	
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424	
TITLE	S	
NAME	PETERSON, MARJORIE A	
STREET ADDRESS	19503 SE SHEARDS RD	
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424	
TITLE	VD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ABNER JONES, DEBRA K	
STREET ADDRESS	19503 SE DAVIS RD	
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	
NAME	CARROLL, ANNETTE	
STREET ADDRESS	RTE 3 BOX 286G	
CITY - ST - ZIP	BRISTOL, FL 32351	
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: <u><i>Geraldine B Sheard</i></u> <u><i>Geraldine B Sheard</i></u> <u><i>1/10/06</i></u> <u><i>674-5548</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number **05-0079001** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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01/23/06-80010-002 61.25