2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 758231

1. Entity Name

PRAYER CHAINERS MISSION OF GOD, INC.

Principal Place of Business	Mailing Address
PRAYERS CHAINERS MISSION 19455 SE MCDANIEL RD BLOUNTSTOWN FL 32424 US	P O BOX 623 P.O. BOX 623 BLOUNTSTOWN FL 32424 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$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 **FL** Zip Code

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 Geraldine B. Sheard, Geraldine B. Sheard 2/6/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEARD, GERALDINE B		NAME	U00000626372
STREET ADDRESS	19569 SE 3 SHEARDS ROAD		STREET ADDRESS	02/15/07-80016-020 61.25
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP	
TITLE	ASD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETERSON, DEBRA		NAME	
STREET ADDRESS	20806 DAVIS CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP	
TITLE	AD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, RUBY		NAME	
STREET ADDRESS	10877 SE HWY 69		STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETERSON, MARJORIE A		NAME	
STREET ADDRESS	19503 SE SHEARDS RD		STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABNER JONES, DEBRA K		NAME	
STREET ADDRESS	19503 SE DAVIS RD		STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARROLL, ANNETTE		NAME	
STREET ADDRESS	RTE 3 BOX 286G		STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32351		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Geraldine B Sheard Geraldine B. Sheard 2/6/07 850-674-5548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #