2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 758231

Entity Name: PRAYER CHAINERS MISSION OF GOD, INC.

Current Principal Place of Business:

PRAYERS CHAINERS MISSION
19455 SE MCDANIEL RD
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 623
P.O. BOX 623
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 05-0079001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEARD, GERALDINE B
19569 SHEARD'S RD
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHEARD, GERALDINE B,	
Address:	19569 SE 3 SHEARDS ROAD	
City-St-Zip:	BLOUNTSTOWN, FL 32424	
Title:	ASD	( ) Delete
Name:	PETERSON, DEBRA	
Address:	20806 DAVIS CIRCLE	
City-St-Zip:	BLOUNTSTOWN, FL 32424	
Title:	AD	( ) Delete
Name:	DAVIS, RUBY	
Address:	10877 SE HWY 69	
City-St-Zip:	BLOUNTSTOWN, FL 32424	
Title:	S	( ) Delete
Name:	PETERSON, MARJORIE A	
Address:	19503 SE SHEARDS RD	
City-St-Zip:	BLOUNTSTOWN, FL 32424	
Title:	VD	( ) Delete
Name:	ABNER JONES, DEBRA K	
Address:	19503 SE DAVIS RD	
City-St-Zip:	BLOUNTSTOWN, FL 32424	
Title:	D	( ) Delete
Name:	BATTLE, TARSHA	
Address:	20748 SE SHERRY AV	
City-St-Zip:	BLOUNTSTOWN, FL 32424	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GERALDINE B. SHEARD PD 03/13/2009
Electronic Signature of Signing Officer or Director — Date