

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90034 007 ****70.00

DOCUMENT # 768578

1. Entity Name

THE GOLDEN PRAYER MISSION INC.



Principal Place of Business

P.O. BOX 1854
FT. MYERS FL 33902

Mailing Address

P.O. BOX 1854
FT. MYERS FL 33902



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

65-0048605

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, GLORIA
4224 MICHIGAN CT
388
FT. MYERS FL 33916

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

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 September 6, 2006

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLIE, MARY PIERCE 13456 SE 3RD ST FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, ELIZABETH 3243 C STREET FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, JANNETTA 4224 MICHIGAN CT. APT. 682 CST. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHORTRIDGE, BARBARA 353 MONTGOMERY AVE FT. MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GROSS, GLORIA K 4224 MICHIGAN CT APT 388 FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLLIE, NATHANIEL 604 BURLAND ST. PUNTA GORDA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deacon Jimmy Madday 567 Wood Ave. Ft. Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mary Pierce Hollie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-693-7227

Daytime Phone #