

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

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90086 001 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 resigning)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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:

Mary Pierce Hollie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07

Date

239-693-7217

Daytime Phone #