

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

DOCUMENT # L03000014967

1. Entity Name

MY PRAYER TEAM, LLC



04 SEP 15 AM 8:33

09-13-2004 90132 036 \*\*\*\*\*50.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

1015 JEATER BEND DR.  
CELEBRATION FL 34747

Mailing Address

1015 JEATER BEND DR.  
CELEBRATION FL 34747

2. Principal Place of Business

923 PONDVIEW CT

3. Mailing Address

923 PONDVIEW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA



MOORE

CR2E083 (4/04)

9/15

4. FEI Number

NO-T APPLICABLE

Applied F

Not Appli

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, CHRIS  
1015 JEATER BEND DR.  
CELEBRATION FL 34747

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 ac the obligations of registered agent.

SIGNATURE

*Chris Cooper*

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By: September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME COOPER, CHRISTOPHER L PRES  
STREET ADDRESS 1015 JEATER BEND  
CITY-ST-ZIP CELEBRATION FL 34747

☐ Delete ☐ Change ☐ A

TITLE MGR  
NAME HINMAN, DONALD  
STREET ADDRESS 14000 WINDSOR RD  
CITY-ST-ZIP LITTLE ROCK AR 72212

☐ Delete ☐ Change ☐ A

TITLE  
NAME  
STREET ADDRESS  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Chris Cooper*

9/8/2004 407-566-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Distance Phone #