## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003565

Entity Name: CHAY PRAYER MINISTRY, INC.

FILED Feb 11, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1613 NW 1 PL. SUITE #1 MIAMI, FL 33127 15988 NW 48 AVE MIAMI, FL 33014

Current Mailing Address: New Mailing Address:

P.O. BOX 680043 MIAMI, FL 331680043

FEI Number: 65-1121376 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLAIN, AYESHA 1613 NW 1 PL. SUITE #1 MIAMI, FL 33127 US MCCLAIN, AYESHA 15988 NW 48 AVE MIAMI, FL 33014 US

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: AYESHA MCCLAIN 02/11/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

 Title:
 PTD () Delete
 Title:
 PTD (X) Cha

 Name:
 MCCLAIN, AYESHA
 Name:
 MCCLAIN, AYESHA

 Address:
 1613 NW 1 PL.STE #1
 Address:
 15988 NW 48 AVE

 City-St-Zip:
 MIAMI, FL 33127
 City-St-Zip:
 MIAMI, FL 33014

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SHARIF, RASHEEDAH
 Name:

 Address:
 2386 NW 96 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MCCLAIN, AYESHA
 Name:
 MCCLAIN, AYESHA

 Address:
 1613 NW 1 PL.STE 1
 Address:
 15988 NW 48 AVE

 City-St-Zip:
 MIAMI, FL 33127
 City-St-Zip:
 MIAMI, FL 33014

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SHARIF, OMAR
 Name:

 Address:
 1745 NW 32 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:

 Name:
 SHARIF, AYESHA
 Name:

 Address:
 2386 NW 96 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MERKE, ELOUISE
 Name:

 Address:
 14050 NE 16 AVE.#618
 Address:

 City-St-Zip:
 MIAMI, FL 33162
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AYESHA MCCLAIN PSD 02/11/2004

Electronic Signature of Signing Officer or Director

Date