2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# N00000005465

Entity Name: GATES OF PRAYER, INC.

Current Principal Place of Business:

10142 ARROWHEAD DR.
#1
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10142 ARROWHEAD DR.
#1
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3663576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, NANCY E
7576 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

KAPLAN, NANCY E
10142 ARROWHEAD DR.
#1
JACKSONVILLE, FL 32257

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: 01/09/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: KAPLAN, NANCY
Address: 75760 SAN JOSE BV
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD ( ) Delete
Name: COLEMAN, ALLEN
Address: 13291 VANTAGE WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: PITTMAN, VANILLA
Address: 8829 S FALCON TRACE DR.
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: KAPLAN, NANCY
Address: 10142 ARROWHEAD DR. #1
City-St-Zip: JACKSONVILLE, FL 32257

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 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: NANCY KAPLAN PDT 01/09/2004
Electronic Signature of Signing Officer or Director — Date