2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006
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:

3251 CHIPPEWA RUN NW
KENNESAW, GA 30152

New Mailing Address:

1526 UNIVERSITY BLVD. W
#424
JACKSONVILLE, FL 32217

FEI Number: 59-3663576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	KAPLAN, NANCY	
Address:	10142 ARROWHEAD DR. #1	
City-St-Zip:	JACKSONVILLE, FL 32257	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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 PRES 08/21/2006

Electronic Signature of Signing Officer or Director — Date