

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000005670

1. Entity Name

CHRISTIAN ETERNAL PRAYER ADVOCATES, INC.



Principal Place of Business

4201 CEPEDA ST
ORLANDO FL 32811

Mailing Address

PO BOX 617442
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VICKSON, OM I REV
2215 RAVENALL AVE.
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	CEO <i>Chairman - CEO</i>	<input type="checkbox"/> Delete
NAME	VICKSON, O.M. <i>Bishop/Dia</i>	
STREET ADDRESS	2215 RAVENALL AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	VICKSON, DOLLIE	
STREET ADDRESS	2215 RAVENALL AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	<i>Vice President of Transportation</i>	<input type="checkbox"/> Delete
NAME	JORDAN, JOSEPH	
STREET ADDRESS	925 S. IVEY LANE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	<i>AD</i>	<input checked="" type="checkbox"/> Delete
NAME	BROWN, SUELLA	
STREET ADDRESS	2508 LEE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	<i>PD</i>	<input type="checkbox"/> Delete
NAME	VICKSON, JMS	
STREET ADDRESS	633 19TH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	<i>Vice President of Operations</i>	<input type="checkbox"/> Delete
NAME	UNICK, KENNETH	
STREET ADDRESS	4449 MALIBU STREET	
CITY-ST-ZIP	ORLANDO FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Executive President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LULA WILLIAMS	
STREET ADDRESS	925 S. Ivey Lane	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	<i>Executive Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENA CLAY	
STREET ADDRESS	P.O. Box 617442	
CITY-ST-ZIP	Orlando, FL 32861	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 26 PM 4:36

SECRETARY OF STATE



MOORE

CR2E037 (11/03)

4. FEI Number

31-1728439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required