

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90217 001 ***183.00

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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

4. FEI Number

31-1728439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

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 **CCEO** ☐ Delete
NAME **VICKSON, O.M. BISHOP**
STREET ADDRESS **2215 RAVENALL AVE.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **P** ☐ Delete
NAME **VICKSON, DOLLIE**
STREET ADDRESS **2215 RAVENALL AVE.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VP** ☒ Delete
NAME **JORDAN, JOSEPH**
STREET ADDRESS **925 S. IVEY LANE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **EP** ☐ Delete
NAME **WILLIAMS, LULA**
STREET ADDRESS **925 S IVEY LANE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **EVP** ☐ Delete
NAME **CLAY, LENA**
STREET ADDRESS **P.O. BOX 617442**
CITY-ST-ZIP **ORLANDO FL 32861**

TITLE **VP** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP LENNIE GOODWIN**
STREET ADDRESS **7764 HOLLYWOOD Drive**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Om I Rev Vickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05

Date

(407) 296-0245

Telephone #