

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

DOCUMENT # N00472

1. Entity Name

PRAYER & HEALING TEMPLE INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -1 AM 8:02

Principal Place of Business

409 3RD STREET S.E.
HAVANA FL 32333

Mailing Address

409 3RD STREET S.E.
HAVANA FL 32333

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2364224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CHRISTINE D
409 3RD ST. SE
HAVANA FL 32333

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 D ☐ Delete
NAME ROBINSON, JIM R
STREET ADDRESS 409 SE 3 ST
CITY-ST-ZIP HAVANA FL

TITLE EVD ☐ Delete
NAME ROBINSON, CHRISTINE
STREET ADDRESS 409 3RD ST. S.E.
CITY-ST-ZIP HAVANA FL

TITLE D ☐ Delete
NAME HARDY, JIMMY
STREET ADDRESS RT 2 BOX 123-C
CITY-ST-ZIP QUINCY FL

TITLE D ☐ Delete
NAME ROBINSON, JACQUELINE SIS
STREET ADDRESS 409 3RD ST. S.E.
CITY-ST-ZIP HAVANA FL

TITLE D ☐ Delete
NAME HERMON, MAE HELEN REV
STREET ADDRESS RT 2 BOX 123-C
CITY-ST-ZIP QUINCY FL

TITLE REV ☐ Delete
NAME ROBINSON, CHRISTINE EVD
STREET ADDRESS 409 3RD ST SE
CITY-ST-ZIP HAVANA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800030462348
CITY-ST-ZIP 03/15/04--01026--008 **70.00

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #