



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00472 1. Entity Name PRAYER & HEALING TEMPLE INC.						FILED 05 FEB 28 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
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.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2364224						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>						\$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			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROBINSON, JIM R 409 SE 3 ST HAVANA, FL				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP EVD ROBINSON, CHRISTINE 409 3RD ST. S.E. HAVANA, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 900047392409 02/28/05--01060--001 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HARDY, JIMMY RT 2 BOX 123-C QUINCY, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROBINSON, JACQUELINE SIS 409 3RD ST. S.E. HAVANA, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HERMON, MAE HELEN REV RT 2 BOX 123-C QUINCY, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP REV ROBINSON, CHRISTINE EVD 409 3RD ST SE HAVANA, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Deacon Jimmie L. Hardy</i> Feb. 28, 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							