

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR -7 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N00472 1. Entity Name PRAYER & HEALING TEMPLE INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2364224	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JIM R		NAME	000122454520	
STREET ADDRESS	409 SE 3 ST		STREET ADDRESS	04/07/08--01020--017 **61.25	
CITY-ST-ZIP	HAVANA, FL		CITY-ST-ZIP		
TITLE	EVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, CHRISTINE		NAME		
STREET ADDRESS	409 3RD ST. S.E.		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, JIMMY		NAME		
STREET ADDRESS	RT 2 BOX 123-C		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JACQUELINE SIS		NAME		
STREET ADDRESS	409 3RD ST. S.E.		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMON, MAE HELEN REV		NAME		
STREET ADDRESS	RT 2 BOX 123-C		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	REV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, CHRISTINE EVD		NAME		
STREET ADDRESS	409 3RD ST SE		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>James L. Hardy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

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