

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00472

FILED
Jun 23, 2009
Secretary of State

Entity Name: PRAYER & HEALING TEMPLE INC.

Current Principal Place of Business:

409 3RD STREET S.E.
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

409 3RD STREET S.E.
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-2364224 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, JIM R
Address: 409 SE 3 ST
City-St-Zip: HAVANA, FL

Title: EVD () Delete
Name: ROBINSON, CHRISTINE
Address: 409 3RD ST. S.E.
City-St-Zip: HAVANA, FL

Title: D () Delete
Name: HARDY, JIMMY
Address: RT 2 BOX 123-C
City-St-Zip: QUINCY, FL

Title: D () Delete
Name: ROBINSON, JACQUELINE SIS
Address: 409 3RD ST. S.E.
City-St-Zip: HAVANA, FL

Title: D () Delete
Name: HERMON, MAE HELEN REV
Address: RT 2 BOX 123-C
City-St-Zip: QUINCY, FL

Title: REV () Delete
Name: ROBINSON, CHRISTINE EVD
Address: 409 3RD ST SE
City-St-Zip: HAVANA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE ROBINSON

EVD

06/23/2009

Electronic Signature of Signing Officer or Director

Date