

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 009 ****80.00

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1. Entity Name
PROPHETIC ENRICHMENT CENTER, INCORPORATED



Principal Place of Business
**3504-A WEST SCOTT STREET
PENSACOLA, FL 32505**

Mailing Address
**3504-A WEST SCOTT STREET
PENSACOLA, FL 32505**

2. Principal Place of Business
702 Gulf Bch. Hwy.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 18345
Suite, Apt. #, etc.

City & State
Pensacola, FL
Zip
32507

Country
Escambia

City & State
Pensacola, FL
Zip
32523-8345

Country
Escambia

07032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3704078

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RANKINS-THOMAS, TAMMY
1230 WEST MAXWELL STREET
PENSACOLA, FL 32501**

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

Filing Fee is \$61.25
Due by September 8, 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 **S** ☐ Delete
NAME **RANKINS-THOMAS, TAMMY**
STREET ADDRESS **1230 WEST MAXWELL ST**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete
NAME **ALBRITTON, JACQUELINE D**
STREET ADDRESS **3504-A WEST SCOTT ST**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **D** ☐ Delete
NAME **RANKINS, WANDA**
STREET ADDRESS **1230 WEST MAXWELL ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **PERKINS, HATTIE**
STREET ADDRESS **3242 PALMDALE AVE**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **S** ☐ Delete
NAME **FOSTER, STEPHANIE**
STREET ADDRESS **1010 BARCIA ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: *Jacqueline D. Albritton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04
Date

(850) 456-0104
Daytime Phone #