

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000506

1. Entity Name

PROPHETIC ENRICHMENT CENTER, INCORPORATED



Principal Place of Business

702 GULF BEACH HWY
PENSACOLA, FL 32507

Mailing Address

P.O. BOX 18345
PENSACOLA, FL 32523-8345



04122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3704078

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Tammy Rankins-Thomas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME RANKINS-THOMAS, TAMMY
STREET ADDRESS 1230 WEST MAXWELL ST
CITY-ST-ZIP PENSACOLA, FL 32504

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000328567
04/25/05-80083-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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

4/18/05 (880)444-9729

Date

Daytime Phone #