2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # N01000004024 1. Entity Name 05-03-2004 91220 023 ****70.00 PRAYER & FAITH MINISTRIES, INC. Principal Place of Business Mailing Address 919 DISSTON AVE P.O. BOX 121225 CLERMONT FL 34711 CLERMONT FL 34712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3713835 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, PATRICIA (P.O. Box Number is Not Acceptable) 1625 28TH STREET Manda ORLANDO FL 32805 32819 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. lyped or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOORE-DENNIS, ANNIE PASTOR NAME NAME 2614 MESSINA AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32811-5581 CITY-ST-ZIP CITY-ST-ZIP Change HILE Delete TITLE Addition HARRIS, EMMITT NAME HAME 4663 VERGARA COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete MYERS, PATRICIA NAME NAME **1625 28TH STREET** STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-7IE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PACE, EVIE NAME NAME 777 APT A ROANE ROAD STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition secretari SMITH, VICKEY NAME NAME 7609 CASSINO AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZH ☐ Change TITLE ☐ Delete Addition A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. Annie Moore-Depris 4/26/04