2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # N01000004024 05-02-2006 90218 046 ****70.00 PRAYER & FAITH MINISTRIES, INC. Principal Place of Business Mailing Address 919 DISSTON AVE CLERMONT FL 34711 P.O. BOX 1222 CLERMONT FL 34712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3713835 Not Applicable Zip Country Zip 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 DENNIS, ANNIE M Street Address (P.O. Box Number is Not Acceptable) 2614 MESSINA AVENUE ORLANDO FL 32811 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Overseer, Pastor TITLE ☐ Delete TITLE Change Addition Arrichtennis 26,14 Messina Ave MOORE-DENNIS, ANNIE PASTOR NAME NAME 2614 MESSINA AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32811-5581 Florida 32811 CITY-ST-ZIP CITY-ST-ZIP Orland DT ☐ Delete Addition NAME PACE, EVIE NAME 777 APT A ROANE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SMITH, VICKEY NAME NAME 7804 MANDARIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME MOORE, GEORGE IV NAME 2614 MESSINA AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 chapter the property of the pr

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

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