2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2007 08:00 A Secretary of State DOCUMENT # N01000006077 1. Entity Name PROGRESS PRAYER MINISTRIES, INC. Mailing Address Principal Place of Business 1512 NW 15TH TERRACE 1512 NW 15TH TERRACE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 65-1135305 Not Applicable Zıp 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 Namo PERDUE, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1512 NW 15TH TERRACE FORT LAUDERDALE FL 33311 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature reduced when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be П Due By May 1; 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change HILL Detele DHD NAMI PERDUE, STEVEN NAME STREET ADDRESS STREET ADDRESS 1512 NW 15TH TERRACE CITY-ST-ZIP CHY-SI-7IP FORT LAUDERDALE FL 33311 Change Addition Delete nni HILLE NAMI NAME PERDUE, DENEASE A STREET ADDRESS 1512 NW 15TH TERRACE STREET ADDRESS CITY-S1-ZIP CHY-S1-7IP FORT LAUDERDALE FL 33311 Delete HILL TILLE NAME NAME BROWN, EDITH J STRITT ADDRESS STREET ADDRESS 33 SW 6 AVE CHY-SI-7IP CITY+ST-7/P **DANIA FL 33304** ☐ Change Addition Delete 1000 IIII! NAME NAMI STREET ADDRESS STREET LADDELESS CHY-SI-ZIP CHY-ST-7P Change Addition ШПГ Delete HILL NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CITY - ST- ZIP ☐ Addition HILLE Delete ma. NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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 file empowered.

CITY-S1-7IP

SIGNATURE:

CITY-ST-ZIP

Persue

4-27-07 954-562-2642

FILED