

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006438

1. Entity Name
PRAYER MINISTRIES, INC.



Principal Place of Business
**3007 41 AVE SE
RUSKIN, FL 33570**

Mailing Address
**3007 41 AVE SE
RUSKIN, FL 33570**



DO NOT WRITE IN THIS SPACE

03302006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
04-3756720

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUZBEE, TERESA J
3007 41 AVE SE
RUSKIN, FL 33570**

**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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000490837
04/18/06-80072-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BUZBEE, TERESA J
3007 41 AVE SE
RUSKIN, FL 33570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COUNCIL, JUNE
2703 24TH ST SE
RUSKIN, FL 33570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENEFIELD, ROBERTA
20125 KEENE RD
LITHIA, FL 335472327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa J Buzbee

03/30/06