2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003439

1. Entity Name
INTERNATIONAL PENTECOSTAL CITY MISSION
PRAYER CENTER OF BOYNTON BEACH, INC.

Principal Place of Business	Mailing Address
399 N.W. 17TH AVE. BOYNTON BEACH, FL 33435	399 N.W. 17TH AVE. BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
50-0003304

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LUNA A
7417 WILLOW SPRING CIRCLE NORTH
BOYNTON BEACH, FL 33436

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, LUNA A
STREET ADDRESS	7417 WILLOW SPRING CIRCLE NORTH
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	PD
NAME	THOMAS, WALTER
STREET ADDRESS	7417 WILLOW SPRING CIRCLE NORTH
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	LOWE, KERRY
STREET ADDRESS	4674 POSEIDON PLACE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	TD
NAME	TAYLOR, ELAINE
STREET ADDRESS	4958 PURDUE DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06 80002-009 70.00

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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: Luna A Thomas 2-10-06 561-969-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #