

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003439

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

399 N.W. 17TH AVE.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

399 N.W. 17TH AVE.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 50-0003304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, LUNA A
Address: 7417 WILLOW SPRING CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: THOMAS, WALTER
Address: 7417 WILLOW SPRING CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: LOWE, KERRY
Address: 6089 PLAINS DR.
City-St-Zip: LAKE WORTH, FL 33463

Title: TD () Delete
Name: TAYLOR, ELAINE
Address: 4958 PURDUE DR.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUNA A. THOMAS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date