

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 018 ****61.25

DOCUMENT # N02000004519

1. Entity Name

MILLENNIUM PRAYER BY DESIGN, INC.



Principal Place of Business

8834 W FLAGLER STREET
1
MIAMI FL 33174

Mailing Address

PO BOX 1102
OPA LOCKA FL 33054



2. Principal Place of Business, No P.O. Box #

3440 NW 96 Street

2. Mailing Address

P.O. Box 1102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Miami, FLA

City & State

OPA LOCKA FLA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

33147

DADE

33054

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, ANGEL M
8834 W FLAGLER STREET #1
MIAMI FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Margaret Angel Jenkins

02-01-08

(Signature, typewritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JENKINS, ANGEL M
STREET ADDRESS 8834 W FLAGLER STREET #1
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME PETER, ANETHERA
STREET ADDRESS 19612 NW 29TH PL S
CITY-ST-ZIP OPA LOCKA FL 33056 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MILLER, EVONNE
STREET ADDRESS 5700 N W 9TH AVENUE
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Margaret Angel Jenkins

02-01-08