

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90348 035 \*\*\*\*61.25

**DOCUMENT # N02000007529**

1. Entity Name  
**PRAYER INTERCESSORY CENTER INC.**



Principal Place of Business  
**12033 GENTIAN CT  
JACKSONVILLE, FL 32246**

Mailing Address  
**12033 GENTIAN CT  
JACKSONVILLE, FL 32246**

44033710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

02-0649465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RACKLEY, LARRY  
12033 GENTIAN CT  
JACKSONVILLE, FL 32246**

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

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, 2004**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RACKLEY, LARRY**  
CITY-ST-ZIP **12033 GENTIAN CT  
JACKSONVILLE, FL 32246**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BACKLEY, BETTY F**  
CITY-ST-ZIP **12033 GENTIAN CT  
JACKSONVILLE, FL 32246**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WALLS, DAVE**  
CITY-ST-ZIP **1001 N 12 T ST  
JACKSONVILLE, FL 32211**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **TILLMAN, SUSAN L**  
CITY-ST-ZIP **5344 PLAYA WAY  
JACKSONVILLE, FL 32211**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **TILLMAN, MICHAEL L**  
CITY-ST-ZIP **5344 PLAYA WAY  
JACKSONVILLE, FL 32211**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ROSEMOND, LAVANDA**  
CITY-ST-ZIP **5344 PLAYA WAY  
JACKSONVILLE, FL 32211**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **Betty F. Rackley**  
STREET ADDRESS **12033 Gentian Ct.**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☒ Change ☐ Addition  
NAME **DAVE WALLS**  
STREET ADDRESS **3737 John Bluff Rd Apt. 1310**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☒ Change ☐ Addition  
NAME **Annette S. Nelms**  
STREET ADDRESS **2076 McQuade St.**  
CITY-ST-ZIP **JACKSONVILLE 32209**

TITLE ☒ Change ☐ Addition  
NAME **McLynda L. Rackley**  
STREET ADDRESS **12033 Gentian Ct.**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☒ Change ☐ Addition  
NAME **Belmaria L. Rackley**  
STREET ADDRESS **12033 Gentian Ct.**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Larry Rackley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/23/04**

Daytime Phone #