

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90165 021 \*\*\*\*70.00

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<b>DOCUMENT # N02000007529</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0649465	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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: <i>Larry Rackley</i> <i>Larry Rackley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/22/05	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACKLEY, LARRY		NAME		
STREET ADDRESS	12033 GENTIAN CT		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32246		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACKLEY, BETTY F		NAME		
STREET ADDRESS	12033 GENTIAN CT		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32246		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLS, DAVE		NAME	WALLS, DAVE	
STREET ADDRESS	3737 ST JOHN RD APT. 1310		STREET ADDRESS	5601 EvenField Rd.	
CITY - ST - ZIP	JACKSONVILLE, FL 32224		CITY - ST - ZIP	JACKSONVILLE, FL 32277	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELMS, ANNETTE S		NAME		
STREET ADDRESS	2076 MCQUADE ST.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32209		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACKLEY, MELYNDA L		NAME		
STREET ADDRESS	12033 GENTIAN CT.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32246		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACKLEY, BELARRIA L		NAME		
STREET ADDRESS	12033 GENTIAN CT		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32246		CITY - ST - ZIP		
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: <i>Larry Rackley</i> <i>Larry Rackley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/22/05 (904) 525-3342 <small>Daytime Phone #</small>		