

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90057 027 ****61.25

DOCUMENT # N02000009292

1. Entity Name

PRAYER CHAPEL INTERNATIONAL MINISTRIE'S, INC.



Principal Place of Business

2250 ARBOUR WALK CIRCLE #1712A
NAPLES FL 34109

Mailing Address

2250 ARBOUR WALK CIRCLE #1712A
NAPLES FL 34109

2250 ARBOUR WALK CIRCLE

2. Principal Place of Business

1712

Suite, Apt. #, etc.

NAPLES FLA

City & State

34109

Zip

Country

3. Mailing Address

10361 P.O. BOX

Suite, Apt. #, etc.

NAPLES FLA

City & State

34109

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

51-0469582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, AUDLEY PASTOR
2250 ARBOUR WALK CIRCLE #1712
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name AUDLEY RODGERS

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

2250 ARBOUR WALK CIRCLE

NAPLES FLA

City

FL

34109

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)

3/1/04

DATE

FILE NOW 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 DP
NAME DAR-ES-SALAAM, JEROME M ☒ Delete
STREET ADDRESS 2250 ARBOUR WALK CIRCLE #1712
CITY-ST-ZIP NAPLES FL 34109

TITLE DP
NAME FERGUSON, SHELDON R ☐ Delete
STREET ADDRESS 22210 SW 98 PL
CITY-ST-ZIP MIAMI FL 33190

TITLE DV
NAME FERGUSON, DERRICK A ☐ Delete
STREET ADDRESS 22210 SW 98 PL
CITY-ST-ZIP MIAMI FL 33190

TITLE DV
NAME FERGUSON, ROSCOE D ☐ Delete
STREET ADDRESS 22210 SW 98 PL
CITY-ST-ZIP MIAMI FL 33190

TITLE D
NAME MACK, SUZANNE ☐ Delete
STREET ADDRESS 769 SW 7 TERR
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D DIRICK R. THOMAS ☐ Change ☒ Addition
NAME
STREET ADDRESS 22210 SW 98 PL
CITY-ST-ZIP MIAMI FLA 33190

TITLE D DOROTHY TIMES FERGUSON ☐ Change ☒ Addition
NAME
STREET ADDRESS 22210 S.W 98 PL
CITY-ST-ZIP MIAMI FLA 33190

TITLE D ANTHONY FAFF ☐ Change ☒ Addition
NAME
STREET ADDRESS 22210 S.W 98 PL
CITY-ST-ZIP MIAMI FLA 33190

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

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

305-610-0102

Date

Daytime Phone #

Attachment

#10200009292

Form **8718**
(Rev. November 2003)
Department of the Treasury
Internal Revenue Service

**User Fee for Exempt Organization
Determination Letter Request**

▶ **Attach this form to determination letter application.**
(Form 8718 is NOT a determination letter application.)

For IRS Use Only	OMB No. 1545-1798
	Control number _____
	Amount paid _____
	User fee screener _____

1 Name of organization	2 Employer Identification Number
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Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request **Fee**

- a** ☐ Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
 - A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ **\$150**
- Note:** If you checked box 3a, you must complete the Certification below.

I certify that the annual gross receipts of PRAYERS CHAPEL INT. MINISTRIES INC.
name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ Audley Leguano-Rodriguez Title ▶ Pastor Apostle

- b** ☐ Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years or
 - A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years ▶ **\$500**
- c** ☐ Group exemption letters ▶ **\$500**

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2003-8, 2003-1, I.R.B. 236, or latest annual update.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

Where To File

Send the determination letter application and Form 8718 to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt status.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in Code section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send this form to this address. Instead, see **Where To File** above.

Attach Check or Money Order Here