


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009296 1. Entity Name GOD'S CIRCLE OF PRAYER MINISTRY, INC.	
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Principal Place of Business 2419 WHISPERING WOODS BLVD #2 JACKSONVILLE, FL 32246	Mailing Address 2419 WHISPERING WOODS BLVD #2 JACKSONVILLE, FL 32246
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04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1167091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, RUTH E
2419 WHISPERING WOODS BLVD #2
JACKSONVILLE, FL 32246

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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 _____ (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**

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04/27/04-80071-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, RUTH E 2419 WHISPERING WOODS BLVD #2 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, FELECIA S 12077 CANCUM DR JACKSONVILLE, FL 32235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, GABRIELL 11317 CHAPELGATE LN JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Ruth E. Young 4/26/04 (904) 9979689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #