2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001718

1. Entity Name
AMELIA ISLAND NATIONAL DAY OF PRAYER, INC.

Principal Place of Business	Mailing Address
23 SECRET COVE COURT FERNANDINA BEACH, FL 32034	23 SECRET COVE COURT FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
04-3748140

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, HUGH P D
23 SECRET COVE COURT
FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULLEN, HUGH
STREET ADDRESS	23 SECRET COVE COURT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	VPD
NAME	GREESON, THOMAS
STREET ADDRESS	205 N 15TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	STD
NAME	SONNATI, ROBERT T
STREET ADDRESS	1664 OCEAN VILLAGE PLACE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	PURDUE, NORM
STREET ADDRESS	96227 HEATH POINT DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508268
04/27/06-80036-006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Robert T. Sonnati ROBERT T. SONNATI TREASURER 4-11-06 904 321-456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #