

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001718

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** AMELIA ISLAND NATIONAL DAY OF PRAYER, INC.

**Current Principal Place of Business:**

23 SECRET COVE COURT  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

23 SECRET COVE COURT  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 04-3748140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CULLEN, HUGH  
Address: 23 SECRET COVE COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD ( ) Delete  
Name: GREESON, THOMAS  
Address: 205 N 15TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD ( ) Delete  
Name: SONNATI, ROBERT T  
Address: 1864 OCEAN VILLAGE PLACE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D ( ) Delete  
Name: PURDUE, NORM  
Address: 96227 HEATH POINT DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, LARRY  
Address: 2754 EASTWIND DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. SONNATI

STD

04/27/2007

Electronic Signature of Signing Officer or Director

Date