


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90057 042 \*\*\*\*70.00

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|--|--|---|--|---|--|
| <b>DOCUMENT # N03000004239</b>   |  |   |  |                                  |  |
| <b>1. Entity Name</b><br>THE INTERNATIONAL PRAYER OF FAITH MINISTRY, INC.  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145   |  |   | <b>Mailing Address</b><br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b><br>1012 PLEASANT VL. DR.  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State<br>Catonsville MD  |  | <b>4. FEI Number</b><br>04-3758669  |  |
| Zip  |  | Country   |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip<br>21228   |  | Country<br>USA  |  | Applied For<br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22 ST 4 FLR<br>MIAMI, FL 33145   |  |   | <b>7. Name and Address of New Registered Agent</b>                 |   |  |
| Name   |  |   | Street Address (P.O. Box Number is Not Acceptable)                 |   |  |
| City   |  |   | FL Zip Code  |   |  |
| <b>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.</b>   |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>LOCKHART, WILLIAM L BISHOP<br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>LOCKHART, IRIS G<br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145           | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>JOHNSON, DONNA M<br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145           | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>BLAND, CAROLYN J<br>1840 CORAL WAY, 4 FLR<br>MIAMI, FL 33145           | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> Bishop William L. Lockhart, Bishop William L. Lockhart, 443-829-1012   |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |   |  |   |  |