

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2008 JAN -8 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number **51-0476739** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DOCUMENT # N03000006592**  
1. Entity Name  
**PARTNERS IN PRAYER, INC.**



Principal Place of Business  
**625 PONDEROSA CIR  
MIDWAY, FL 32354 US  
32343**

Mailing Address  
~~8532 WAKULLA SPRINGS RD  
TALLAHASSEE, FL 32305 US~~

2. Principal Place of Business - No P.O. Box #  3. Mailing Address

Suite, Apt. #, etc. **Same**

City & State **City & State**

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
**MYRICK, LORENZO  
8532 WAKULLA SPRINGS ROAD  
TALLAHASSEE, FL 32305**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable) **625 Ponderosa Cir,  
Midway Fla 32343**  
City **FL** 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 \_\_\_\_\_ 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, 2008** 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 NAME STREET ADDRESS CITY - ST - ZIP	CEO MYRICK, LORENZO <del>8532 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BRADLEY-WADE, MARGIE 1821 DEURA DRIVE TALLAHASSEE, FL 32313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYRICK, ANNIE W <del>8532 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>625 Ponderosa Circle Midway FL 32343</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800115148018 01/15/08--01014--015 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>625 Ponderosa Circle Midway, Fla 32343</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Lorenzo Myrick **January 6, 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #