

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010693

FILED
Mar 17, 2009
Secretary of State

Entity Name: NATIONAL DAY OF PRAYER OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

623 ADAMS ROAD
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

623 ADAMS ROAD
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 33-1081769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S ESQ.
441 WEST VINE STREET
KISSIMMEE, FL 34741 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: OWEN, PAUL
Address: 2349 CHADWICK CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD () Delete
Name: CHASE, BERTHA
Address: 623 ADAMS ROAD
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: BEAL, DAVID
Address: 404 CART COURT
City-St-Zip: KISSIMMEE, FL 34759

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHASE, BERTHA
Address: 623 ADAMS ROAD
City-St-Zip: SAINT CLOUD, FL 34769

Title: VPD (X) Change () Addition
Name: HAYWOOD, RALPH W DR
Address: 5210 HAMMOCK POINT COURT
City-St-Zip: SAINT CLOUD, FL 34771

Title: SD (X) Change () Addition
Name: NIEBOER, SARAH J
Address: 2333SWEETWATER BLVD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Change (X) Addition
Name: CHANNER, CAROL J
Address: 412 MONTANA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Change (X) Addition
Name: LAW, RANDY B
Address: 1512 KELBY ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Change (X) Addition
Name: BEAL, DAVID REV
Address: 404 CART COURT
City-St-Zip: KISSIMMEE, FL 34759

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: CAROL J CHANNER

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date