


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03330</b> 1. Entity Name <b>FELLOWSHIP PRAYER TEMPLE, INC.</b>		
Principal Place of Business <b>2710 N. MARTIN L. KING JR. DR. PENSACOLA, FL 32503-3816</b>		Mailing Address <b>2710 N. MARTIN L. KING JR. DR. PENSACOLA, FL 32503-3816</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LAYNE, ELDER EDDIE M. DONALD 314 EAST GASDEN STREET PENSACOLA, FL 32501</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAYNE, ELDER EDDIE M. DON. 314 E. GASDEN STREET PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUFFIN, SISSAVADA 601 W. HERNADEZ ST PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKINS, NEHEMIAH 330 EDGEWATER DRIVE PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, ALICE 315 WELCOME CIRCLE CANTONMENT, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, FAYE 202 FIARFAX DR PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, GWEN 3121 NORTH 6TH AVE PENSACOLA, FL 32503	
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: <u>Eddie M. Layne - Eddie M. Layne</u> <u>JAN 28, 2006</u> <u>850-438-0490</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01262006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2426976**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

U000000414329  
02/11/06-80033-016 61.25

**DO NOT WRITE  
IN THIS SPACE**