

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/29/2005-90229-035-\$61.25-\$61.25

APPROVAL  
AND  
FILED

05 JUN 10 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

W

**DOCUMENT # N04000000854**

1. Entity Name  
**PROPHETS QUARTERS MINISTRIES, INC.**



Principal Place of Business  
**4747 HOLLYWOOD BLVD.  
#274  
HOLLYWOOD FL 33021**

Mailing Address  
**4747 HOLLYWOOD BLVD.  
#274  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**Applied For.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**GARMAN, GUY  
4747 HOLLYWOOD BLVD.  
#274  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAN LARE, PETER W 18500 ESTATE CIRCLE BROOKFIELD WI 53005</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9140 DEMARET COURT NEW PORT RICHEY FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARMON, JEFFREY 4728 N. 88TH STREET MILWAUKEE WI 53225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAVICCHI, MARY 2756 N. GREEN VALLEY POINT #905 HENDERSON NV 89014</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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.

SIGNATURE: Peter W. Van Lare **Peter W. Van Lare** **4-6-05** **727-372-7935**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #