

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001088

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: PASTORS PRAYER GATHERING, INC.

**Current Principal Place of Business:**

2121 KENILWORTH AVE  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

2121 KENILWORTH AVE  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

FEI Number: 05-0596454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, BOBBY  
2121 KENILWORTH AVENUE  
SOUTH DAYTONA, FL 32119 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: D ( ) Delete  
Name: SMITH, BOBBY  
Address: 2121 KENILWORTH AVE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete  
Name: MILLER, JERRY  
Address: 3217 SR 40  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: GORINI, FRED  
Address: 1818 TAYLOR ROAD  
City-St-Zip: PORT ORANGE, FL 32128

Title: D ( ) Delete  
Name: POLLOCK, PAUL  
Address: 3701 S CLYDE MORRIS BLVD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: TOLLESON, RODNEY  
Address: 211 BAT STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BOBBY SMITH

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date