2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 30, 2006 08:00 AN Secretary of State DOCUMENT # N04000001775 1. Entity Name 6AM INTERCESSORY PRAYER WARRIORS CORPORATION Principal Place of Business Mailing Address 470 W 33RD ST 470 W 33RD ST RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE . CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 15-3146752 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSTON, MARY DR Street Address (P.O. Box Number is Not Acceptable) 470 W 33RD ST **RIVIERA BEACH FL 33404** City 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 (NOTE: Registerod Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TIFLE NEWBOLD, MYRTLE NAME NAME U00000567771 4930 HAVERHILL COMMON CIR #32 STREET ADDRESS STREET ADDRESS 06/30/06-80002-003 70.00 WEST PALM BEACH FL CITY-ST-7IP CITY-S1-ZIP Change Addition Delete TITLE HAYES, JOHNNIE MAE NAME NAME 480 W 35TH ST STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY - ST- ZIP CHY-ST-7P Addition ☐ Delete TITLE TITLE NAME NAME BROWN, ELDER LARONDA 5107 PINEWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-S1-7IP Change Addition TITLE Delete TITLE NAME NAME YOUNG, OLIVIA STREET ADDRESS STREET ADDRESS 1380 W 32ND ST CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ☐ Change ` Addition THE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP

FILED

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 lattach fight that address, with all other like empowered.

SIGNATURE:

MUNTY

MUNTY

SIGNATURE:

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther certify that the information