

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 033 ****61.25

DOCUMENT # **N04000004213**

1. Entity Name

CIRCLE OF PRAYER WARRIORS INC.



Principal Place of Business

**521B NE 34 CT
OAKLAND PARK FL 33334**

Mailing Address

**POB 23861
FORT LAUDERDALE FL 33307**

2. Principal Place of Business - No P.O. Box #

4382 N.E. 5th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park FLA.

City & State

Zip

Country

Country

33334

Broward

4. FEI Number

52-2392323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**HERRING, BONNIE
565 NE 34TH CT - APT B
OAKLAND PARK FL 33334**

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

Bonnie Herring (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HERRING, BONNIE
565 NE 34TH CT - APT B
OAKLAND PARK FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HERRING, LAKESHIA
565 NE 34TH CT - APT B
OAKLAND PARK FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NORMAN, SONYA
1040 SW 76TH AVE - APT 2
N LAUDERDALE FL 33368** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bonnie Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

954-564-6445

Daytime Phone #