

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005677

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** PALM BEACH PRAYER TEAM MINISTRIES, INC.

**Current Principal Place of Business:**

1197 NORTH LAKE WAY  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2586  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 20-1213382      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MERCK, ADELE S  
1197 NORTH LAKE WAY  
PALM BEACH, FL 33480      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: PD      ( ) Delete  
Name: MERCK, ADELE S  
Address: 1197 NORTH LAKE WAY  
City-St-Zip: PALM BEACH, FL 33480

Title: ST      ( ) Delete  
Name: BEALL, KENNETH S JR  
Address: 777 S FLAGLER DR, #500 E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD      ( ) Delete  
Name: JOHNSON, KURT  
Address: 800 NICOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 55402

**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:

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: ADELE S MERCK

PD

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date