## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N04000011569 1 Entity Name 04-30-2008 90154 036 \*\*\*\*61.25 IT'S PRAYING TIME HOLINESS APOSTOLIC FAITH CHURCH, INC. Principal Place of Business Mailing Address 207 YOAKUM CT. 207 YOAKUM CT. PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business - No P.O. Box # Mailing Address 3215 W. FAIRFIELD DE 3215 W. FAIRFIELD DR Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State PENSACOLA City & State 4. FEI Number Applied For 20-2080247 PENSACOLA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODSON, JAMES LEE Street Address (P.O. Box Number is Not Acceptable) 207 YOAKUM CT. PENSACOLA FL 32505 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and their applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ח Change TITLE TITLE ☐ Addition □ Delete WOODSON, JOANNA P. NAME NAME 3215 W. FAIR FIELD AR. 207 YOAKUM COURT STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZiP PENSACOLA FLORICA 32505 TITLE Delate TUT: F ☐ Addition WOODSON, ANDRE L. NAME 3215 W. FAIR FIELD DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME WOODSON, JAMES L. 3215 W. FAIR FIELD DR. STREET ADDRESS 207 YOAKUM COURT STREET ADDRESS PENSACOLA FLORICA 32505 CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition THUE TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET AUDRESS

CITY-SI-ZIP

Change

■ Addition

mes L. Woodson SIGNATURE: