

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 003 ****61.25

DOCUMENT # N05000012394 1. Entity Name PREVAILING WORD CHRISTIAN CENTER, INC.			
Principal Place of Business 300 TOBIAS AVENUE MOORE HAVEN, FL 33471		Mailing Address POST OFFICE BOX 652 MOORE HAVEN, FL 33471	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Post Office Box 1337 Suite, Apt. #, etc.	
City & State Moore Haven, FL		4. FEI Number 74-3154548	
Zip 33471		Country Glades	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MALLARD, BETTY J MRS. 411 ELMWOOD AVENUE MOORE HAVEN, FL 33471		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MAZIE T REV. POST OFFICE BOX 652 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CHARLIE L SR. POST OFFICE BOX 652 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES SR. POST OFFICE BOX 484 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLARD, BETTY J MRS. POST OFFICE BOX 382 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBERTON, BRIJIN ELDER 2445 DUNN AVENUE #207 JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, FELTON POST OFFICE BOX 1220 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mazie T. Ford</u> <u>Mazie T. Ford</u> <u>04-17-07</u> <u>863 946-0996</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			