

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

FILED
Apr 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 017 ****70.00

DOCUMENT # N06000004036 1. Entity Name PRAYER WORLD MINISTRIES, INC.					
Principal Place of Business 1197 GULF STAR DR WINTER SPRINGS FL 32708				Mailing Address 1197 GULF STAR DR WINTER SPRINGS FL 32708	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0138012	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, CAROLYN 1197 GULF STAR DR WINTER SPRINGS FL 32708				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 _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when appointing) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C IZQUIERDO, SYLVIA D 680 BROOKFIELD LOOP LAKE MARY FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC FEDLER, CYNTHIA 36 ANGEVINE AVE HEMPSTEAD NY 11550	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S FREEBERN, EMERITA E 2212 GRAND TREE AVE LAKE MARY FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FREEBERN, MILFORD G 2212 GRAND TREE AVE LAKE MARY FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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: <u>Carolyn Cooper</u> 2/6/07 -407-696-4144 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					