


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90003 019 \*\*\*\*61.25

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N06000006112</b><br>1. Entity Name<br><b>PRAYING IN THE COVENANT MINISTRIES, INCORPORATED</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>3153 CANTERBURY ST<br/>DELTONA, FL 32738</b>  |   |   | Mailing Address<br><b>3153 CANTERBURY ST<br/>DELTONA, FL 32738</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  | 4. FEI Number<br><b>59-3713754</b>  |  |
| City & State  |   | City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| Zip   | Country   | Zip   | Country  | 6. Name and Address of Current Registered Agent<br><b>BROWN, ORA M<br/>3153 CANTERBURY ST<br/>DELTONA, FL 32738</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P<br/>BROWN, ORA M<br/>3153 CANTERBURY ST<br/>DELTONA, FL 32738</b>            | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>GRAHAM, LUTRICIA D<br/>936 E FAIRWAY DR #40<br/>COLTON, CA 92324</b>     | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>S<br/>BROWN, TAMALA R<br/>3128 SALUSON AVE APT 1<br/>LOS ANGELES, CA 92324</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>A<br/>SWIM, GLORIA A<br/>182 MERILL<br/>RIALTO, CA 92376</b>                   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  |   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>ORA M. BROWN</i>   |   |   | Date <b>9/5/07</b> 386-574-6414                                    |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |   |  |