

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # N06000006708</b>  |   |   |   |
| <b>1. Entity Name</b><br>THRONEROOM PRAYER MINISTRY, INC. NORTH AMERICA   |   |   |   |
| <b>Principal Place of Business</b><br>2304 COBB DRIVE<br>TALLAHASSEE, FL 32312  |   | <b>Mailing Address</b><br>P. O. BOX 14334<br>TALLAHASSEE, FL 32317-4334   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>4320 Henry Robinson Way  |   | <b>3. Mailing Address</b><br>Same As Above  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| <b>City &amp; State</b><br>Tallahassee, FL  |   | <b>City &amp; State</b>   |   |
| <b>Zip</b><br>32309   |   | <b>Country</b><br>Leon  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CAMPBELL, MARILYN M<br>4320 HENRY ROBINSON WAY<br>TALLAHASSEE, FL 32309   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |
| <b>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.</b>  |   |   |   |
| 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</b><br><b>Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>  |   |
| <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>AUDU, JONATHAN<br>5639 CYPRESS CIRCLE<br>TALLAHASSEE, FL 32303        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="border: 1px solid black; padding: 5px; text-align: center;">                         000109596090<br/>                         09/18/07--01069--019 **61.25                     </div> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>AUDU, DEBORAH<br>5639 CYPRESS CIRCLE<br>TALLAHASSEE, FL 32303         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>BLODGETT, DAVID<br>1429 OLDFIELD DRIVE<br>TALLAHASSEE, FL 32308       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>BLODGETT, JEAN<br>1429 OLDFIELD DRIVE<br>TALLAHASSEE, FL 32308        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>BUATTI, RENE A<br>2141 HARRIET DRIVE<br>TALLAHASSEE, FL 32303         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>CAMPBELL, MARILYN<br>4320 HENRY ROBINSON WAY<br>TALLAHASSEE, FL 32309 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>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> |   |   |   |
| <b>SIGNATURE:</b> <i>Marilyn M Campbell</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | 4 Sept 2007<br><small>Date Daytime Phone #</small>  |   |