

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006708



1. Entity Name
THRONEROOM PRAYER MINISTRY, INC. NORTH
AMERICA

Principal Place of Business
4320 HENRY ROBINSON WAY
TALLAHASSEE, FL 32309

Mailing Address
P.O. BOX 14334
TALLAHASSEE, FL 32317-4334

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

09092008

Chg-NP

CR2E037 (12/06)

4. FEI Number
43-2107328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MARILYN M
4320 HENRY ROBINSON WAY
TALLAHASSEE, FL 32309

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by September 12, 2008

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

TITLE D ☐ Delete
NAME AUDU, JONATHAN
STREET ADDRESS 5639 CYPRESS CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME AUDU, DEBORAH
STREET ADDRESS 5639 CYPRESS CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME BLODGETT, DAVID
STREET ADDRESS 1429 OLDFIELD DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME BLODGETT, JEAN
STREET ADDRESS 1429 OLDFIELD DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☒ Delete
NAME BUATTI, RENE A
STREET ADDRESS 2141 HARRIET DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME CAMPBELL, MARILYN
STREET ADDRESS 4320 HENRY ROBINSON WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Rotimi Fadiora
STREET ADDRESS P.O. Box 6789
CITY-ST-ZIP Tallahassee, FL 32314-6789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marilyn M Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 September 08 (850) 459-3715
Date Daytime Phone #

FILED

08 SEP -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

