

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006708

FILED
Jun 10, 2009
Secretary of State

Entity Name: THRONEROOM PRAYER MINISTRY, INC. NORTH AMERICA

Current Principal Place of Business:

4320 HENRY ROBINSON WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14334
TALLAHASSEE, FL 323174334

New Mailing Address:

FEI Number: 43-2107328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUDU, JONATHAN
Address: 5639 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: AUDU, DEBORAH
Address: 5639 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BLODGETT, DAVID
Address: 1429 OLDFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BLODGETT, JEAN
Address: 1429 OLDFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: FADIORA, ROTIMI
Address: P.O. BOX 6733
City-St-Zip: TALLAHASSEE, FL 323146733

Title: D () Delete
Name: CAMPBELL, MARILYN
Address: 4320 HENRY ROBINSON WAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPBELL, MARILYN
Address: 4320 HENRY ROBINSON WAY
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN CAMPBELL

D

06/10/2009

Electronic Signature of Signing Officer or Director

Date