2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N06000010958 03-15-2007 90027 019 ****70.00 CENTER OF RESTORATION PRAYER MINISTRIES INC. Principal Place of Business Mailing Address 1806 57TH ST. SO. 1806 57TH ST. SO. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 02052007 Chg-NP CR2E037 (12/06) Applied For ~~0.551.50 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen RILEY, CONSTANCE O Street Address (P.O. Box Number is Not Acceptable) 1806 57TH ST. SO. ST. PETERSBURG, FL 33707 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in he State of Florida. I am familiar with, and accept the opligations of registered agent. SIGNATURE Signature Typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when renstating) Make check payable to 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Founder a CEO Change **FOUN** ☐ Delete TITLE TITLE RILEY, CONSTANCE Riley, Constance 1806 51th St. So. St. Petersbury, FL NAME NAME 1806 57TH ST. SO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33707 CITY-ST ZIP President De ete TITLE TITLE Smalls, Cassandra NAME SMALLS, CASANDRA NAME STREET ADDRESS STREET ADDRESS 4511 21ST AVE. SO. 21St Ave. So-ST. PETERSBURG, FL 33711 CITY-ST-ZIP CITY-ST-ZIP Addition Delete / Secretary TITLE HINES, DAPHNE NAME NAME STREET ADDRESS 20th Ave. So. 33112 Hersburg, FL 33112 STREET ADDRESS P.O. BOX 13876 CITY - ST - ZIP ST. PETERSBURG, FL 33733 CITY-ST-ZIP Treasurer ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME ric<u>i</u>a STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Phelonda NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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 attactment with an address, with all other like empowered.

FILED

Mar 15, 2007 8:00 am