

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010958

FILED  
May 19, 2008  
Secretary of State

**Entity Name:** CENTER OF RESTORATION PRAYER MINISTRIES INC.

**Current Principal Place of Business:**

1806 57TH ST. S.  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1806 57TH ST. S.  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 45-0551503      **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:**

OLIVER, JAMES  
4500 37TH ST. S. #308  
SAINT PETERSBURG, FL 33711      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: CEO      ( ) Delete  
Name: RILEY, CONSTANCE  
Address: 1806 57TH ST. SO.  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: P      ( ) Delete  
Name: SMALLS, CASANDRA  
Address: 4511 21ST AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VPS      ( ) Delete  
Name: RILEY, MELVA G  
Address: 1666 20TH AVE. S.  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VPT      ( ) Delete  
Name: JONES, PATRICIA  
Address: 236 LEWIS BLVD. SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D      ( ) Delete  
Name: LOCKRIDGE, PHELONDA  
Address: 3737 6TH ST. S.  
City-St-Zip: SAINT PETERSBURG, FL 33705

**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:

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: CASANDRA SMALLS

P

05/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date