2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N06000010958

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 (X)**

Name and Address of Current Registered Agent:

OLIVER, JAMES
4500 37TH ST. S. #308
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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 R SMALLS PRES 02/24/2009
Electronic Signature of Signing Officer or Director — Date