

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008543

FILED
Apr 24, 2009
Secretary of State

Entity Name: COMMUNITY PRAYER BAND INC.

Current Principal Place of Business:

141 1/2 BOND STREET
CLEWISTON, FL 33440

New Principal Place of Business:

525 EAST EL PASO AVE.
CLEWISTON, FL 33440

Current Mailing Address:

P.O. BOX 811
CLEWISTON, FL 33440

New Mailing Address:

525 EAST EL PASO AVE.
CLEWISTON, FL 33440

FEI Number: 01-0494778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAHAM, ANGEL
102 EAST SUGARLAND CIRCLE
CLEWISTON, FL 33440 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: P () Delete
Name: BRAHAM, ANGEL
Address: 102 EAST SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: BRAHAM, KABUL
Address: 102 EAST SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: FRANCIS, DENESE
Address: 323 WEST SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: T () Change (X) Addition
Name: KERR, CEMANTHY
Address: 1231 VIRGINIA AVE
City-St-Zip: CLEWISTON, FL 33440

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: ANGEL BRAHAM

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date