

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001789

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** FIRST COAST PRAYER, INC.

**Current Principal Place of Business:**

5614 LA MOYA AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351167  
JACKSONVILLE, FL 32235

**New Mailing Address:**

**FEI Number:** 26-4350930      **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:**

KILLINGSWORTH, SEAN  
5614 LA MOYA AVE  
JACKSONVILLE, FL 32210      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:** DP  
**Name:** KILLINGSWORTH, SEAN  
**Address:** 5614 LA MOYA AVE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** DST  
**Name:** KILLINGSWORTH, VIRGINIA  
**Address:** 5614 LA MOYA AVE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** D  
**Name:** FEATHERS, DUANE  
**Address:** 2811 PARK STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** D  
**Name:** FEATHERS, LAURA  
**Address:** 2811 PARK STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** DV  
**Name:** DOWNEY, THOMAS  
**Address:** 4837 SUNDERLAND RD  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** D  
**Name:** DOWNEY, CARLY  
**Address:** 4837 SUNDERLAND RD  
**City-St-Zip:** JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: SEAN KILLINGSWORTH

DP

05/01/2010

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

\_\_\_\_\_  
Date