2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003955

Entity Name: THE PRAYER & CRISIS REFERRAL NETWORK INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1610 WINDING WILLOW DRIVE TRINITY, FL 34655	

Current Mailing Address:	**New Mailing Address:**
1610 WINDING WILLOW DRIVE TRINITY, FL 34655	

FEI Number: 26-4692612   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MORRISON, LINDA 1610 WINDING WILLOW DRIVE TRINITY, FL 34655 US	MORRISON, LINDA M 1610 WINDING WILLOW DRIVE TRINITY, FL 34655 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: LINDA M MORRISON   04/28/2010

_____Electronic Signature of Registered Agent_____   Date

OFFICERS AND DIRECTORS:

Title: P
Name: MORRISON, LINDA M
Address: 1610 WINDING WILLOW DRIVE
City-St-Zip: TRINITY, FL 34655

Title: D
Name: HUGHES, WILLIAM
Address: 555 EAST WELLS STREET SUIT 1900
City-St-Zip: MILWAUKEE, WI 53202 US

Title: D
Name: SIMPSON, LARRY
Address: 2934 ASHDOWN FOREST DR
City-St-Zip: OAK HILL, VA 20171

Title: D
Name: HENKE, LISA
Address: 1429 WARRINGTON WAY
City-St-Zip: TRINITY, FL 34655

Title: D
Name: SULLIVAN, BOB
Address: 1015 TOSKI DR
City-St-Zip: TRINITY, FL 34655

Title: D
Name: MUCZKO, JOHN
Address: 1517 WESTERHAM LOOP
City-St-Zip: TRINITY, FL 34655

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: LINDA M MORRISON   CEO   04/28/2010

_____Electronic Signature of Signing Officer or Director_____   Date