2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09218

1. Entity Name

FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90255 001 ****61.25 04-26-2005 90255 002 *****8.75

	HOLY GH		ITREACH PRAYE	R MINIS	STRIES,								
Principal Place of Business Mailing Addre 524 NW 1ST ST P.O. BOX 23 GAINESVILLE, FL 32601 US GAINESVILLE)2			DEI T II 01	66013	1011 01011 01011	INDIR BIDIN DUDIR DU	
Principal Place of Business 3. Ma				ailing Address									
Suite, Apt. #, etc. St				uite, Apt. #, etc.			041520	05	Chg-NP	CR2E	037 (10/03)		
City & State Ci				ity & State			4. FEIN 59-2	umber 2 524	483			oplied For ot Applicable	
	Zip		Country	Žij	ρ	Соц	intry	5. Certif	icate o	f Status Desired	4	\$8.75 Ad Fee Require	
		6. Name	and Address of Curren	t Register	ed Agent		NI	7. Name	and A	ddress of New	Registered	Agent	
	MCCLELL		IETH L	Name	(D.O. B N		is blat Assessed	hlal					
	2741 NW 6 GAINESVI		32653				Street Address (P.O. Box Number is Not Acceptable)						
							City				F	Zip Coo	le
_		named entiti ions of regist	y submits this statement tered agent.	for the purp	pose of changing its	registere	l ed office or regi	istered agent, o	or both	, in the State of			and accept
	SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if ap	plicable. (NOT	E: Registere	d Agent signature rec	quired when reinstati	ng)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Camp Trust Fund Co						npaign F	inancing _	\$5.00 N	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
		Due by N	lay 1, 2005		Trust Fund (Contributi	ion.			FI	orida Depa	artment of S	tate
	10.	Due by N	OFFICERS AND D	DIRECTORS		Ontributi	ion.	Added to	Fees	NGES TO OFFIC			
	10. TITLE NAME	D	OFFICERS AND D	DIRECTORS			E	Added to	Fees				
	TITLE NAME STREET ADDRESS	D JACKSON 6415 SE 9	OFFICERS AND D N, WILLETTE L 96TH TERRACE	DIRECTORS	3	11. TITLE NAM STRE	E IE EET ADDRESS	Added to	Fees			DIRECTORS II	V 10
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON 6415 SE 9 GAINESV	OFFICERS AND D	DIRECTORS	Delete	11. TITLE NAM STRE	E EET ADDRESS -ST-ZIP	Added to	Fees			DIRECTORS II	V 10 ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dev Merneth & Michaeler SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 (350) 335-365
Date Daysine Proce #

(352) 21 5084