

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15100

FILED  
Feb 04, 2006  
Secretary of State

Entity Name: PRAYER TEMPLE CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

1936 SAXON STREET  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7651  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

FEI Number: 58-0075711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, CHARLIE E  
2740 HICKORY RIDGE ROAD  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: RICHARDSON, C.E.,  
Address: 2740 HICKORY RIDGE RD  
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete  
Name: MCCASKILL, BARBARA  
Address: P.O. BOX 16261  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: TD ( ) Delete  
Name: DICKEY, ELLA  
Address: P.O. BOX 467  
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete  
Name: MICKLER, LUCINDA  
Address: 2699 FAIRMONT LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: RICHARDSON, D'ANDRE,  
Address: 2740 HICKORY RIDGE RD  
City-St-Zip: TALLAHASSEE, FL

**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 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: BARBARA PAYNE MCCASKILL

SD

02/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date