


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24111</b> 1. Entity Name <b>TABERNACLE OF PRAYER MISSION, INC.</b>	
---	---

Principal Place of Business <b>C/O ELDER DOVER WYNN, JR. 1753 SUN RIDGE DR. APOPKA, FL 32703</b>	Mailing Address <b>C/O ELDER DOVER WYNN, JR. 1753 SUN RIDGE DR. APOPKA, FL 32703</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>59-2855310</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WYNN, DOVER JR.  
1753 SUN RIDGE DR.  
APOPKA, FL 32703**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, DOVER JR. 1753 SUN RIDGE DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, LOVIE 1753 SUN RIDGE DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, ANGELA 242 WEST 8TH STREET APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000698467  
04/19/07-80003-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dover Wynn Jr* 4-5-07 407-886-7201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*DOVER Wynn JR*