SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # N2450 OF PRAYER FOR EVERYO	(-)	RCH. I			
NC.						
Principal Place of Business Mailing Address					L KADAKKOT OTA KIDIN OLDAY BIRKI DAKKA 1807 I	TIRIT OF DEFINIOUS IN CONTRACT OF STREET
1398 HURST STREET P.O. BOX 10984		P. O. BOX 10984 P.O. BOX 10984				T.U.D. 204.05
HOLLY HILLS FL 32117 DAYTONA BEACH FL 32120			20		3. Date Incorporated or Qualified	3a. Date of Last Report
US		US			12/25/1987	06/03/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2872579	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Added to Fees	
Zip	Country Zip		Country	Country 8. This corporation owes or has paid the current year Intang		the current year Intangible
24	25	29	30		Personal Properly Tax due June 30	
<u> </u>	9, Name and Address of Currer	nt Hegistered Agent	81	Name	10. Name and Address of New Regis	tered Agent
DAVIC V	DALMA MALLIE D. ID.					
DAVIS, WILLIE R. JR. 1300 NORTH STREET			82	Street Add	fress (P.O. Box Numbar is Not Acceptable)	
DAYTONA BEACH FL 32014			83			
			84	City		85 Zip Code
				City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617,1508, Florida State of Florida, Such change was	utes, the above	-named con	poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statutes	i.	and to board of directors. Thereby decept a	to appointment as regionated
SIGNATURE .	Signature, typed or printed name of registered age	net and title if sonlicable. (MI	TE Registered Aco	nol signature requi	ired when reinstating)	DATE
12.		D DIRECTORS	13.	ill o'griature redo	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	☐ DELETE 1.11				☐ Change ☐ Addition
NAME	DAVIS, WILLIE R. 12		1.2 NAME			j
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY - S	r-ZIP		
TITLE			2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	DANTONA BEACH E		2.3 STREET	i j		·
CITY-ST-ZIP	TO			ST-ZIP		Change Addition
NAME	DAVIS, PAULINE R.	C. Section	3.2 NAME			
STREET ADDRESS	1437 ILLINOIS STREET		3.3 STREET	ADORESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CiTY - S	į.		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		The sector	4.4 CITY-S	T-21P		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME	,		5.2 NAME	4000000		
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE			5.4 CITY-S	1-214		Change Addition
NAME	,		6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. CICHARIDE DECIMEN

6.4 CITY-ST-ZIP

Jul 28 1997 8:00am

Secretary of State