

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26198

FILED  
May 02, 2005  
Secretary of State

Entity Name: UNITY PRAYER CIRCLE, INC.

## Current Principal Place of Business:

3505 SHILOH DR.  
RM.508  
WEST PALM BCH, FL 33407 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 9063  
RIVIERA BCH, FL 334199063 US

## New Mailing Address:

FEI Number: 65-0146788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCBRIDE, BRENDA N PASTOR  
3630 WHITEHALL DRIVE  
#103  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: JENNINGS, JAMES  
Address: 614 B 51ST.  
City-St-Zip: W P B, FL 33407

Title: D ( ) Delete  
Name: THOMAS, BARBARA  
Address: 203 CANTABERRY DR WEST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete  
Name: MCBRIDE, BRENDA  
Address: 3630 WHITEHALL DR #103  
City-St-Zip: WEST PALM BEACH, FL

Title: TD ( ) Delete  
Name: LILLIE, EDWARDS  
Address: 1498 NO. MAGNOLIA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MCBRIDE, EDDIE  
Address: 3630 WHITEHALL DR. 103  
City-St-Zip: WEST PALM BCH, FL 33401

Title: SD ( ) Delete  
Name: STRINGER, BARBARA  
Address: 470 EXECUTIVE CENTER DR #3N  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JENNINGS, JAMES  
Address: 957 31ST  
City-St-Zip: W P B, FL 33407

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 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 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: BRENDA N. MCBRIDE

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date