

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26198

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNITY PRAYER CIRCLE, INC.

Current Principal Place of Business:

1015 N.DIXIE HYW.
MIDDLE OFFICE SPACE
WEST PALM BCH, FL 33401 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 ()

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: 957 31ST
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: () 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
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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 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: BRENDA MC BRIDE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date