

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 24, 2004
Secretary of State**

DOCUMENT# N93000005731

Entity Name: CHAPEL OF PRAYER, INC.

Current Principal Place of Business:

1489 WEST 32ND STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1489 WEST 32ND STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0671125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGGINS, HATTIE
1489 WEST 32ND STREET
RIVIERA BEACH, FL 33404 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: LOVING, DANIEL L
Address: 1700 OWENS AVENUE
City-St-Zip: ALBANY, GA 31705

Title: D () Delete
Name: HUGGINS, HATTIE
Address: 1489 W. 32ND STREET
City-St-Zip: RIVIERA BEACH, FL 334074

Title: DT () Delete
Name: ALLEN, EASTER
Address: 1200 WEST 35TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VD () Delete
Name: LOVING, MELVENIA J
Address: 1700 OWENS AVENUE
City-St-Zip: ALBANY, GA 31705

Title: TD () Delete
Name: PETERSON, IDA
Address: 2101 LEOARD AVENUE
City-St-Zip: ALBANY, GA 31705

Title: SD () Delete
Name: LOVING, YOLANDA
Address: 1700 OWENS AVE.
City-St-Zip: ALBANY, GA

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:

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: MELVENIA LOVING

VD

07/24/2004

Electronic Signature of Signing Officer or Director

_____ Date