

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 29, 2005  
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 ( )  
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:**

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 J. LOVING

VD

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date