

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000580

FILED
May 02, 2007
Secretary of State

Entity Name: WATCHMEN ON THE WALL PRAYER NETWORK INC.

Current Principal Place of Business:

1948 OLIVIA CIRCLE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2213
GAINESVILLE, FL 326032213

New Mailing Address:

FEI Number: 59-3449784 **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:

CAMPBELL, TARSHA L
1948 OLIVIA CIRCLE
APOPKA, FL 32703 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: PRES () Delete
Name: JAMISON, BETTY
Address: 1630 SE 39TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: PITTS, MARY
Address: 7306 BRIARLYN COURT
City-St-Zip: ORLANDO, FL 32811

Title: VICE () Delete
Name: SINGLETON, SHERRIE
Address: 2932 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: T () Delete
Name: ROSS, MAE
Address: 5700 B-8 NW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: T () Delete
Name: CAMPBELL, TARSHA L
Address: 1948 OLIVIA CR
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: RENTZ, MELISSA
Address: 2804 NE 17TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609 US

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:

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: BETTY JAMISON

PRE

05/02/2007

Electronic Signature of Signing Officer or Director

Date