


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001043</b>	
1. Entity Name <b>REACHING THE UNREACHED THROUGH THE WORD AND PRAYER, CORP.</b>	

Principal Place of Business <b>2030 NW 195TH STREET OPA LOCKA, FL 33056 US</b>	Mailing Address <b>PO BOX 694754 MIAMI, FL 33269 US</b>
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0583665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DUGGAN, MAVIS R  
2030 NW 195TH STREET  
OPA LOCKA, FL 33056**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, SANDRA 13097 SW 49TH CT. HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAN, DONNETTE 3616 SW 68TH LANE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAN, ISHBELL 3616 SW 68TH LANE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICARDO 6805 SW 20TH ST MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAN, FEDERICK 165 NW 197TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, NOEL 13097 SW 49TH COURT HOLLYWOOD, FL 33027

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04/18/05-80072-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mavis Duggan **04-14-2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #