

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

04-06-2006 90017 040 ****61.25

DOCUMENT # N95000001043					
1. Entity Name REACHING THE UNREACHED THROUGH THE WORD AND PRAYER, CORP.					
Principal Place of Business 2030 NW 195TH STREET OPA LOCKA, FL 33056 US			Mailing Address PO BOX 694754 MIAMI, FL 33269 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0583665	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUGGAN, MAVIS R 2030 NW 195TH STREET OPA LOCKA, FL 33056				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u><i>Mavis Duggan</i></u> <u>5-5-06</u> (Print name, typed or printed name of registered agent and date of application. NOTE: Registered Agent signature required when re-electing.)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARRETT, SANDRA		NAME		
STREET ADDRESS	13097 SW 49TH CT.		STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD, FL 33027		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUGGAN, DONNETTE		NAME		
STREET ADDRESS	3616 SW 68TH LANE		STREET ADDRESS		
CITY-STATE-ZIP	MIRAMAR, FL 33023		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUGGAN, ISHBELL		NAME		
STREET ADDRESS	3616 SW 68TH LANE		STREET ADDRESS		
CITY-STATE-ZIP	MIRAMAR, FL 33023		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE	<i>Ricardo Brown</i>	☐ Change ☒ Addition
NAME	BROWN, RICARDO		NAME	<i>11511 SW 10th Street</i>	
STREET ADDRESS	6805 SW 20TH ST		STREET ADDRESS	<i>Pembroke Pines, FL 33025</i>	
CITY-STATE-ZIP	MIRAMAR, FL 33023		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE	<i>Annette Brown</i>	☐ Change ☒ Addition
NAME	DUGGAN, FEDERICK		NAME	<i>11511 SW 10th Street</i>	
STREET ADDRESS	185 NW 197TH ST		STREET ADDRESS	<i>Pembroke Pines, FL 33025</i>	
CITY-STATE-ZIP	MIAMI, FL 33169		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARRETT, NOEL		NAME		
STREET ADDRESS	13097 SW 49TH COURT		STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD, FL 33027		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Mavis Duggan</i></u> <u>305626-2570</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



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