


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

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
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04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 11511 SW 10TH STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANNETTE 11511 SW 10TH STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, NOEL 13097 SW 49TH COURT HOLLYWOOD, FL 33027

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04/13/07-80050-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mavis Duggan Mavis Duggan 0403073056262570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #