


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 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



04152008 No Chg-NP CR2E037 (4/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000911167 05/07/08-80029-015 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>BARRETT, SANDRA</b>
STREET ADDRESS <b>13097 SW 49TH CT.</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33027</b>
TITLE <b>D</b>	NAME <b>DUGGAN, DONNETTE</b>
STREET ADDRESS <b>3616 SW 68TH LANE</b>	CITY-ST-ZIP <b>MIRAMAR, FL 33023</b>
TITLE <b>D</b>	NAME <b>DUGGAN, ISHBELL</b>
STREET ADDRESS <b>3616 SW 68TH LANE</b>	CITY-ST-ZIP <b>MIRAMAR, FL 33023</b>
TITLE <b>D</b>	NAME <b>BROWN, RICARDO</b>
STREET ADDRESS <b>11511 SW 10TH STREET</b>	CITY-ST-ZIP <b>PEMBROKE PINES, FL 33025</b>
TITLE <b>D</b>	NAME <b>BROWN, ANNETTE</b>
STREET ADDRESS <b>11511 SW 10TH STREET</b>	CITY-ST-ZIP <b>PEMBROKE PINES, FL 33025</b>
TITLE <b>D</b>	NAME <b>BARRETT, NOEL</b>
STREET ADDRESS <b>13097 SW 49TH COURT</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33027</b>

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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:** M. Duggan, Mavis Duggan **04-16-08, 305-6262570**

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