

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001043

FILED  
Apr 18, 2010  
Secretary of State

**Entity Name:** REACHING THE UNREACHED THROUGH THE WORD AND PRAYER, CORP.

**Current Principal Place of Business:**

2030 NW 195TH STREET  
OPA LOCKA, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 694754  
MIAMI, FL 33269 US

**New Mailing Address:**

**FEI Number:** 65-0583665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUGGAN, MAVIS R  
2030 NW 195TH STREET  
OPA LOCKA, FL 33056 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: D  
Name: BARRETT, SANDRA  
Address: 13097 SW 49TH CT.  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: DUGGAN, DONNETTE  
Address: 3616 SW 68TH LANE  
City-St-Zip: MIRAMAR, FL 33023

Title: D  
Name: DUGGAN, ISHBELL  
Address: 3616 SW 68TH LANE  
City-St-Zip: MIRAMAR, FL 33023

Title: D  
Name: BROWN, RICARDO  
Address: 11511 SW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D  
Name: BROWN, ANNETTE  
Address: 11511 SW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D  
Name: BARRETT, NOEL  
Address: 13097 SW 49TH COURT  
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: MAVIS DUGGAN

MRS.

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date