## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # N96000002581 (4)					
PRAYER MARKER MINISTRY, INC.					
Principal Place of Business Mailing Address					INDU BINDI JOHUN INDI 1881
444 KINGSLAKE DR 444 KINGSLAKE DR DEBARY FL 32713 DEBARY FL 32713				3. Date incorporated or Qualified 05/08/1996	
				4. FEI Number 59-3390470	Applied For Not Applicable
Principal Place of Business     2a. Mailing Address     25					8.75 Additional
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required 55.00 May Be	
22		<del></del>		Added to Fees	
23		28 28		7. Is this nonprofit corporation a homeowners as	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
24	9 Name and Address of Current	29 t Bogistored Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered Age	
Name and Address of Current Registered Agent      81				15. Hanc and Address of Helf Hegistered Age	
MOESTA, DONALD				ddress (P.O. Box Number is Not Acceptable)	
444 KINGSLAKE DR				garess (F.O. box number is not Acceptable)	
DEBARY FL 32713			83		ĺ
			84 City	FL <sup>8</sup>	5 Zip Code
			es, the above-named or authorized by the corpo- orida Statutes.	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appoint    -10 - 95  pare upon the reinstating   DATE	anging its registered ment as registered
CIGITATIONE.	Signature, typed or printed name of registered ager		: Registered Agent signature re	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE NAME	PD MOESTA, DONALD	☐ DELETE	1.1 TITLE 1.2 NAME		Change
STREET ADDRESS	444 KINGS LAKE DR		1.3 STREET ADDRESS		}
CITY-ST-ZIP	DEBARY FL 327/3		1.4 CITY-ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	MOESTA, NANETTE		2.2 NAME		
STREET ADDRESS	444 KINGS LAKE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEBARY FL 327/3	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<del></del>	Change Addition
NAME	MOESTA, NANETTE		3.2 NAME	i i	Olygide T Vidensiii
STREET ADDRESS	444 KINGS LAKE DR		3.3 STREET ADDRESS		1
CITY-ST-ZIP	DEBARY FL 327/3		3.4. CITY-ST-ZIP		
TITLE		DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		Į.
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Detter	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

CITY-ST-ZIP 14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS