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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002581

1. Corporation Name

PRAYER MARKER MINISTRY, INC.

Principal Place of Business

444 KINGSLAKE DR
DEBARY FL 32713

Mailing Address

444 KINGSLAKE DR
DEBARY FL 32713



2. Principal Place of Business

21 842 REGALWOOD LN

2a. Mailing Address

26 R. 2. B. 2. 84. 1.

3. Date Incorporated or Qualified

05/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3390470

Applied For

Not Applicable

City & State

23 DEBARY FL. 32713

City & State

28 DEBARY FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32713

Country

25 VOLUSIA

Zip

29 32713

Country

30 VOLUSIA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOESTA, DONALD
444 KINGSLAKE DR
DEBARY FL 32713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOESTA, DONALD
STREET ADDRESS 444 KINGSLAKE DR
CITY-ST-ZIP DEBARY FL 32713

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

842 REGALWOOD LN,
DEBARY FL. 32713

TITLE VPD
NAME MOESTA, NANETTE
STREET ADDRESS 444 KINGSLAKE DR
CITY-ST-ZIP DEBARY FL 32713

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

842 REGALWOOD LN,
DEBARY, FL. 32713

TITLE TD
NAME MOESTA, NANETTE
STREET ADDRESS 444 KINGSLAKE DR
CITY-ST-ZIP DEBARY FL 32713

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

842 REGALWOOD LN,
DEBARY, FL. 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

Donald Moesta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 (904) 774-9015
Date Daytime Phone #

CR2E037 (11/98)