

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90404 013 ****61.25

DOCUMENT # N97000004029

1. Entity Name
THE FAMILY PRAYER CENTER, INC.



Principal Place of Business
**615 NASSAU STREET
IMMOKALEE, FL 34142**

Mailing Address
**634 SW 10TH TERR
CAPE CORAL, FL 33991**

50012414



2. Principal Place of Business

3. Mailing Address

9212 N. 52nd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006

Chg-NP

CR2E037 (11/05)

City & State

City & State

TAMPA FL

4. FEI Number
65-0770238

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLINT, GARY D
615 NASSAU STREET
IMMOKALEE, FL 34142**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLINT, GARY D
615 NASSAU STREET
IMMOKALEE, FL 34142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLINT, CANDIS
615 NASSAU STREET
IMMOKALEE, FL 34142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BETANCOURT, HOMER
1181 6TH AVENUE NORTH
IMMOKALEE, FL 34142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BETANCOURT, HOMER ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: GARY FLINT **GARY FLINT**

4/12/06 **(239) 658-6135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #