2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004029

Address:

City-St-Zip:

IMMOKALEE, FL 34142

Apr 07, 2009 Secretary of State

Entity Name: THE FAMILY PRAYER CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 615 NASSAU STREET IMMOKALEE, FL 34142 **Current Mailing Address: New Mailing Address:** 9212 NORTH 52ND ST TAMPA, FL 33617 FEI Number: 65-0770238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLINT, GARY D 615 NÁSSAU STREET IMMOKALEE, FL 34142 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLINT, GARY D Name: Name: Address: 615 NASSAU STREET Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: Title: () Delete Title: () Change () Addition FLINT, CANDIS Name: Name: Address: 615 NASSAU STREET Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: Title: () Delete Title: () Change () Addition BETANCOURT, HOMER Name: Name: 1181 6TH AVENUE NORTH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: GARY D. FLINT 04/07/2009