

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 17, 2009  
Secretary of State**

DOCUMENT# N97000004108

Entity Name: CATHEDRAL OF PRAYER FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

3329 N PEARL STREET  
JACKSONVILLE, FL 32006

**New Principal Place of Business:**

**Current Mailing Address:**

1601 N PEARL STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3496587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WALKER, RONALD E  
1601 N. PEARL STREET  
JACKSONVILLE, FL 32206      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: P      ( ) Delete  
Name: WALKER, RONALD E SR  
Address: 1601 N. PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VT      ( ) Delete  
Name: WALKER, VALENA E  
Address: 1601 N. PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S      ( ) Delete  
Name: BAILEY, ELVENER L  
Address: 1282 WEST 29TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T      ( ) Delete  
Name: MALONE, RODNEY  
Address: 2616 WALNUT ST  
City-St-Zip: JAX, FL 32206

Title: T      ( ) Delete  
Name: MALONE, PATRICIA  
Address: 2616 WALNUT ST  
City-St-Zip: JAX, FL 32206

Title: T      ( ) Delete  
Name: BAILEY JR, DEXTER  
Address: 1282 W 29TH ST  
City-St-Zip: JAX, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: VALENA WALKER

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

VP

08/17/2009

\_\_\_\_\_  
Date