2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006796

Entity Name: PRAYER FOR OUR SCHOOLS, INC.

FILED May 07, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4437 JANA LN E JACKSONVILLE, FL 32210 LIS **Current Mailing Address: New Mailing Address:** 7900 20 103RD STREET SUITE 98 JACKSONVILLE, FL 32210 US FEI Number: 31-1673813 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: CULL, JULIE W CULL, JULIE 4437 JANA LANE EAST 4437 JANA LANE EAST JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 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: JULIE CULL 05/07/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete CULL, JULIE W Name: Name: 4437 JANA LANE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLENDON, DORIS Name: Name: Address: 4042 BALA EAGLE LN Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition WARD, MELANESE Name: Name: 2348 SHERINGTON ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: DS () Delete Title: () Change () Addition MCCLENDON, DORIS Name: Name: Address: 4042 BALD EAGLE LN Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, MICHAEL Name: Name: 7900 103RD ST., SUITE 15 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, FREDDIE M Name: Name: Address: 7900 103RD ST., SUITE 15 Address: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEATRICE MAYHEW DVP 05/07/2003

WYNOMA HOLLIS 120 CAHOON STREET MARIETTA, FL