2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90250 047 ****61.25

DOCUMENT # N98000001395

1. Entity Name
UNVEILED PRAYER MINISTRIES, INC.

Principal Place of Business	Mailing Address
462 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 32073	~~2004 WATER CREST DR~~ ~~ORANGE PARK, FL 32003~~ 1847 CHATHAM VILLAGE DR. ORANGE PARK, FL. 32003

03012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~TOLSON, JOHN F JR~~
462 KINGSLEY AVE., STE 101
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

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, 2004

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 TORLEY SCAIFE, KAREN R 2530 WILLOW CREEK DR ORANGE PARK, FL 32003	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORLEY SCAIFE, KAREN R. 1847 CHATHAM VILLAGE DR. ORANGE PARK, FL. 32003	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCARRAGHER, DEBORAH L 2004 WATERCREST DR ORANGE PARK, FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENSEN, JAMES J 5218 SAGINAW AVE JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCAIFE, SHELTON C 2530 WILLOW CREEK DR ORANGE PARK, FL 32003	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCAIFE, SHELTON C. 1847 CHATHAM VILLAGE DR. ORANGE PARK, FL. 32003	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Karen R. Torley Scaife KAREN R. TORLEY SCAIFE 2/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #