

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006029

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE CIRCLE OF PRAYER MINISTRIES OF FLORIDA, INC.

Current Principal Place of Business:

132 SOUTHWEST 4TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

132 SOUTHWEST 4TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0959545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON-GATES, VERNITA
132 S.W. 4TH AVENUE
DELRAY BEACH, FL 33444 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: THOMPSON-GATES, VERNITA
Address: 132 SOUTHWEST 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP () Delete
Name: GATES, GREGORY L
Address: 430 COOK AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: WARD, SUNDEY
Address: 132 SOUTHWEST 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: DEVEAUX, ISRAEL F II
Address: 132 SW 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: AIKENS, FLORICE
Address: 132 S.W. 4TH AVENUE
City-St-Zip: DELRAY BEACH,, FL 33444

Title: TD () Delete
Name: GARY, HENRY
Address: 132 SW 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

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 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: VERNITA THOMPSON GATES

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date