


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 033 ****61.25

DOCUMENT # P02877 1. Entity Name CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION					
Principal Place of Business 100 E LINTON BLVD #209-B SUITE # 115-B DELRAY BEACH, FL 33483 US			Mailing Address P.O. BOX 120852 FORT LAUDERDALE, FL 33312 US		
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 95-3782821	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHANCE, CARMEN 7001 ENVIRON BLVD #501 LAUDERHILL, FL 33319				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/>		\$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 CHANCE, CARMEN 7001 ENVIRON BLVD #501 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EWERS, OWALD 375 NW 48 AVE PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DYER, CHARLENE 8735 NW 76 PL TAMARAC, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON-OKUNYADE, DR HELEN 100 E LINTON BLVD #209-B DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, VIVIENNE 2042 NW 43 TERR #6 LAUDERHILL, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRECKLETON, CAROLIN 5717 NW 17TH COURT LAUDERHILL, FL 33313	<input type="checkbox"/> Delete			
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: <i>Carmen Chance</i> 4/26/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

14018418



04192004 Chg-NP CR2E037 (10/03)

Glenda E. Hood



14018418

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 19, 2004

CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION
P.O. BOX 120852
FORT LAUDERDALE, FL 33312 US

SUBJECT: CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION
Ref. Number: P02877

We have received your document for CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 904A00025768