

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90013 028 ****61.25



04252007 Chg-NP CR2E037 (12/06)

DOCUMENT # P02877 1. Entity Name CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION					
Principal Place of Business 6289 W SUNRISE BLVD. SUITE 256 SUNRISE, FL 33313 US			Mailing Address P.O. BOX 120852 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # 2042 NW 43rd Ave Suite, Apt. #, etc. # 6		3. Mailing Address P.O. Box 120852 Suite, Apt. #, etc. Ft. Lauderdale City & State Florida Zip 33312 Country USA			
City & State Lauderhill FL Zip 33313 Country USA		City & State Florida Zip 33312 Country USA		4. FEI Number 95-3782821	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CHANCE, CARMEN 6289 W SUNRISE BLVD. SUITE 256 SUNRISE, FL 33313			7. Name and Address of New Registered Agent Name Carmen Chance Street Address (P.O. Box Number is Not Acceptable) 2042 NW 43rd Ave #6 Lauderhill City Florida FL Zip Code 33313		
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 <u><i>Carmen Chance</i></u> DATE <u><i>4/15/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME CHANCE, CARMEN STREET ADDRESS 6289 W SUNRISE BLVD, SUITE 256 CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE PD NAME carmen chance STREET ADDRESS 2042 NW 43rd Ave. #6 CITY-ST-ZIP Lauderhill FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME EWERS, OWALD STREET ADDRESS 375 NW 48 AVE CITY-ST-ZIP PLANTATION, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME DYER, CHARLENE STREET ADDRESS 8735 NW 76 PL CITY-ST-ZIP TAMARAC, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP AT Dyer, Charlene 3817 Jasmine Lane Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NEWTON-OKUNYADE, DR HELEN STREET ADDRESS 100 E LINTON BLVD #115-B CITY-ST-ZIP DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Curry, Francis 7185 Pembroke Road Pembroke Pines FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME ALLEN, VIVIANNE STREET ADDRESS 2042 NW 43 TERR #6 CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Allen, Vivienne 1224 N.E. 4th Avenue Ft. Lauderdale FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FRECKLETON, CAROLIN STREET ADDRESS 5717 NW 17TH COURT CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Carmen Chance</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/15/07</i></u> Daytime Phone <u><i>954 733-8383</i></u>		



ATTACHMENT
40114223
Division of Corporations

Annual Report

Document Number

P02877

Business Entity Name

CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION

FEI Number

953782821

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

2042 NW 43 rd Terrace

Suite, Apt. #, etc.

SUITE 6

City, State

LAUDERHILL

FL

Zip Code & Country

33313

US

Mailing Address

Address

P.O. BOX 120852

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33312

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

CHANCE, CARMEN

Address (PO Box is not acceptable)

2042 NW 43 rd TERRACE

Suite, Apt. #, etc.

SUITE 6

City, State

LAUDERHILL

FL

Zip Code & Country

33313

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40114223

#P02877

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

CHANCE, CARMEN

Street Address

2042 NW 43rd TERRACE, SUITE 6

City, State

LAUDERHILL, FL

Zip Code & Country

33313

Title

D

Name (Last, First, Middle, Title)

EWERS, OWALD

- OR -

Entity Name to serve as
Officer/Director

Street Address

375 NW 48th AVENUE

City, State

PLANTATION, FL

Zip Code & Country

33317

Title

AT

Name (Last, First, Middle, Title)

DYER, CHARLENE

- OR -

Entity Name to serve as
Officer/Director

Street Address

3817 JASMINE LANE

City, State

CORAL SPRINGS, FL

Zip Code & Country

33065

Title

D

ATTACHMENT 40114223
#PD2877

Name (Last, First, Middle, Title) CURRY, FRANCIS

- OR -

Entity Name to serve as
Officer/Director

Street Address 7185 PEMBROKE RD.
City, State PEMBROKE PINES, FL
Zip Code & Country 33023

Title VP
Name (Last, First, Middle, Title) ALLEN, VIVIENNE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1224 NE 4TH AVENUE
City, State FT LAUDERDALE, FL
Zip Code & Country 33304

Title T
Name (Last, First, Middle, Title) FRECKLETON, CAROLIN

- OR -

Entity Name to serve as
Officer/Director

Street Address 5717 NW 17TH COURT
City, State LAUDERHILL, FL
Zip Code & Country 33313

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature *P*
Carmen Chance

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.