

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02877

FILED
Apr 21, 2008
Secretary of State

Entity Name: CHANCE INTERNATIONAL PRAYER MISSIONS CORPORATION

Current Principal Place of Business:

2042 NW 43RD TERR.
#6
FORT LAUDERDALE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120852
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 95-3782821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANCE, CARMEN
2042 NW 43RD TERR.
#6
SUNRISE, FL 33313 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: PD () Delete
Name: CHANCE, CARMEN,
Address: 2042 NW 43RD TERR. #6
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: EWERS, OWALD
Address: 375 NW 48 AVE
City-St-Zip: PLANTATION, FL

Title: AT () Delete
Name: DYER, CHARLENE
Address: 3817 JASMINE LN.
City-St-Zip: POMPANO BEACH, FL 33065

Title: D () Delete
Name: CURRY, FRANCIS
Address: 7185 PEMBROKE RD.
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: ALLEN, VIVIENNE
Address: 1224 NE 4TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Delete
Name: FRECKLETON, CAROLIN
Address: 5717 NW 17TH COURT
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EWERS, OWALD
Address: 375 NW 48 AVE
City-St-Zip: PLANTATION, FL 33317

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 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: CARMEN CHANCE

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date