

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011721

Entity Name: CENTER OF PRAYER MINISTRIES INC.**Current Principal Place of Business:**1116 WHITE STREET
KEY WEST, FL 33040**Current Mailing Address:**1116 WHITE STREET
KEY WEST, FL 33040 US**FEI Number:** 38-3862107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREVIL, MARIE C
1116 WHITE
STREET
KEY WEST, FL 33040 US*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:** BREVIL MARIE C**03/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, DIRECTOR
Name BREVIL, MARIE C
Address 1116 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title OFFICER
Name REGIS, WINISE F
Address 31150 AVENUE F
City-State-Zip: 33043 FL 33040

Title D
Name DIEUDONNE, PAUL
Address 2920 SEIDENBERG AVENUE
City-State-Zip: KEY WEST FL 33040

Title TREASURER, DEACON
Name ANDRÉ , JEAN PHILIPPE
Address 1020 EMMA STREET
City-State-Zip: KEY WEST FL 33040

Title EXECUTIVE SECRETARY
Name ANILUS, SOBNER
Address 1213 14TH STREET
110
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name JEAN BAPTISTE, JEAN ROMAIN
Address 6500 MALONEY AVENUE
79
City-State-Zip: KEY WEST FL 33040

Title OFFICER
Name JOSEPH, ROBERT
Address 1116 WHITE STREET
City-State-Zip: KEY WEST FL 33040

I hereby 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 all other like empowered.

SIGNATURE: MARIE CHRISTELA BREVIL**PASTOR****03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date