

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004477

**Entity Name:** PRAYER STATIONS, INC.

**Current Principal Place of Business:**

9879 150TH CT N  
JUPITER, FL 33478

**Current Mailing Address:**

9879 150TH CT N  
JUPITER, FL 33478 US

**FEI Number: 11-3212616**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FREEMAN, TERRENCE N II  
600 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            SAVOCA, NICHOLAS  
Address        17606 CINQUEZ PARK ROAD EAST  
City-State-Zip: JUPITER FL 33458

Title            EXECUTIVE DIRECTOR  
Name            SETRAN, ANITA  
Address        9879 150TH CT N  
City-State-Zip: JUPITER FL 33478

Title            D  
Name            SETRAN, RONALD ERIK  
Address        9879 150TH CT N  
City-State-Zip: JUPITER FL 33478

Title            DCHR  
Name            ODOM, ROBERT  
Address        5805 HARDWICK DR.  
City-State-Zip: GLEN ALLEN VA 23059

Title            D  
Name            PURCELL, ROBERT  
Address        2675 WINDWOOD PL.  
City-State-Zip: CAPE CORAL FL 33991

Title            D  
Name            SCHAD, GUS  
Address        304 SOUTH 2ND STR.  
City-State-Zip: ALBERMARLE NC 28001

Title            DIRECTOR  
Name            HEDGEPEETH, TODD  
Address        410 E. TALLEYRAND AVE.  
City-State-Zip: MONROE NC 28112

Title            DIRECTOR  
Name            BLATZ, WILLIAM  
Address        10 BASS ROCK CT.  
City-State-Zip: SAVANNAH GA 31419

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*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: ANITA M SETRAN**

**EXECUTIVE DIRECTOR**

**01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NEASE, WICK  
Address        320 SOUTH VILLAGE DR.  
City-State-Zip: MCKINNEY TX 75070