| No. C 134855 | Du | Due no later than Jul 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------|---|------------------------|--|------------|----------------|--|
| Return to: | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CENTER OF PRAYER AND WORSHIP, INC. REV.PEDRO A CONTRERAS PO BOX 833 TWIN FALLS ID 83303 USA | | PEDRO A CONTRERAS 259 MAIN AVE E TWIN FALLS ID 83301 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | CENTER OF PR REV.PEDRO A | | | | | | |
| | TWIN FALLS I | | | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Corporations: Enter Names and | Business Addresses of F | resident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | NDRO JAUREGUI / CONTRERAS | 715 CENTER ST # 50 3365 LONGBOW DR | KIMBERLY TWIN FALLS | ID ID | USA USA | 83341 83301 | |
| 5. Organized Under the Laws of: 6. Annual Ro | | must be signed.* | | | | | |
| ъ | Signature: Ok | Signature: Ok | | Date: 05/30/2012 | | | |
| C 134855 | Name (type or | Name (type or print): Ok | | Title: Rev | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | |