| No. | C 92098 | Due no later than 4/30/2009 | 2. Registered Agent and Address (NO PO BOX) | |
|--|---|--|--|--|
| | n to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF CEIVED BY DUE DATE | Annual Report Form 1. Mailing Address: Correct in this box if needed. FULL GOSPEL MIRACLE REVIVAL CENTER MARY WILSON 225 SOUTH 11TH STREET PAYETTE ID 83661 | MARY WILSON 225 S 11TH ST PAYETTE ID 83661 3. New Registered Agent Signature: | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | |
| Offic | e Held Name | Street or PO Address | City State Zip | |
| Pre | esidat - Mary | Wilson 22550.11 St. Drenan 219 So.11 St. | payette Jaklo 83661 | |
| Sec | retary-Jack I | renan 219 So. 11th St. | payotte Idaho 8366 | |
| | rectors—Many | 4): 1-22 - 225 Sp 11+4 St | payette Itales 8366 | |
| l | Jacks | renan -217 So. 117 St. | payette I tale 8366 | |
| | Philip | | payette Italia 8360 | |
| | | | | |
| 5. Or | 5. Organized Under the Laws of: 6. Annual Report must be signed. | | | |
| | WA C 92098 | | Date: 2/25/09 president Title: president | |
| | | Name(type or print): Mary Wilson - x | oresident Title: president | |
| Teci | Testind 2/17/2000 by LTM 200004001126 | | | |