

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8: 55

DOCUMENT # 751928 (3)

1. Corporation Name
YOUNANS PRAISE AND WORSHIP CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3816 HIGHWAY 92 EAST PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1980	3a. Date of Last Report 02/25/1994
4. FEI Number 59-2190940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**GRIFFIN, JAMES W
3816 HWY 92 E
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent
81 Name **WILLIAM PENTECOST**
82 Street Address (P.O. Box Number is Not Acceptable) **3816 HWY 92 EAST**
83
84 City **PLANT CITY** **FL** 85 Zip Code **33566**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William Pentecost* DATE **4-30-95**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GRIFFIN, JAMES W
STREET ADDRESS	3816 HWY 92 E
CITY, ST, ZIP	PLANT CITY, FL 00000
TITLE	DT
NAME	GRIFFIN, DEBRA
STREET ADDRESS	3816 HWY 92 E
CITY, ST, ZIP	PLANT CITY FL
TITLE	VPD
NAME	CHAMBLESS, BRUCE
STREET ADDRESS	2835 GORDON ST.
CITY, ST, ZIP	MULBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILLIAM PENTECOST
13 STREET ADDRESS	3816 HWY 92 E
14 CITY, ST, ZIP	PLANT CITY, FL 33566
21 TITLE	D/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WILLIAM TICE
23 STREET ADDRESS	4650 POOR MAN'S LANE
24 CITY, ST, ZIP	MULBERRY FL 33860
31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BRUCE CHAMBLESS
33 STREET ADDRESS	2835 GORDON STREET
34 CITY, ST, ZIP	MULBERRY FL 33860
41 TITLE	TR/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JOHN BATY
43 STREET ADDRESS	1287 BROTON RD.
44 CITY, ST, ZIP	PLANT CITY FL 33566
51 TITLE	TRXX TR/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ROY WISE
53 STREET ADDRESS	605 N. COLLINS ST.
54 CITY, ST, ZIP	PLANT CITY 33566
61 TITLE	TR/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BENNIE PITTS
63 STREET ADDRESS	1002 HAGGARD RD.
64 CITY, ST, ZIP	PLANT CITY FL 33567

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Tice* DATE **4-30-95** TELEPHONE # **425-1133**
SIGNATURE AND DATE TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR