

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751928 (3)**  
1. Corporation Name  
**YOMANS PRAISE AND WORSHIP CENTER, INC.**



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

3. Date Incorporated or Qualified: **04/08/1980**      3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

4. FEI Number: **59-2190940**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WILLIAM PENTECOST**  
**3816 HWY 92 EAST**  
**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): **3860 HWY 92 E**  
83 City: **PLANT CITY**      84 State: **FL**      85 Zip Code: **33566**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM PENTECOST</b>	
STREET ADDRESS	<b>3816 HWY 92 E</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 00000</b>	
TITLE	<b>DTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAM TICE</b>	
STREET ADDRESS	<b>4650 POOR MAN'S LANE</b>	
CITY-ST-ZIP	<b>MULBERRY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUCE CHAMBLESS</b>	
STREET ADDRESS	<b>2835 GORDON ST.</b>	
CITY-ST-ZIP	<b>MULBERRY FL</b>	
TITLE	<b>TRD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHN BATY</b>	
STREET ADDRESS	<b>2207 BRUTON RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROY WISE</b>	
STREET ADDRESS	<b>605 N. COLLINS ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNIE PITTS</b>	
STREET ADDRESS	<b>1002 HAGGARD RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>FRED E. HARDING JR</b>		
2.3 STREET ADDRESS	<b>314 N. WEBB ROAD</b>		
2.4 CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GENE COX</b>		
4.3 STREET ADDRESS	<b>206 N. WIGGINS RD</b>		
4.4 CITY-ST-ZIP	<b>PLANT CITY, FL. 33566</b>		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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 D Pentecost      Date: 3/1/96      Daytime Phone #: 813-752-2728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM D. PENTECOST

CR2E037 (12/95)