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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751928

1. Corporation Name

YOUMANS PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

3816 HIGHWAY 92 EAST
 PLANT CITY FL 33566

3816 HIGHWAY 92 EAST
 PLANT CITY FL 33566



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/08/1980

22 City & State

27 City & State

4. FEI Number
 59-2190940

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENTECOST, WILLIAM
 3860 HWY 92 EAST
 PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
 NAME WILLIAM PENTECOST
 STREET ADDRESS 3816 HWY 92 E
 CITY-ST-ZIP PLANT CITY, FL 00000

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE T DELETE
 NAME COX, MARY L
 STREET ADDRESS 206 N WIGGINS RD
 CITY-ST-ZIP PLANT CITY FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME COX, GENE
 STREET ADDRESS 206 NORTH WIGGINS ROAD
 CITY-ST-ZIP PLANT CITY FL

3.1 TITLE Change Addition
 3.2 NAME S/TD COX, GENE
 3.3 STREET ADDRESS 206 NORTH WIGGINS ROAD
 3.4 CITY-ST-ZIP PLANT CITY, FL

TITLE TD DELETE
 NAME ROY WISE
 STREET ADDRESS 605 N. COLLINS ST
 CITY-ST-ZIP PLANT CITY FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME BENNIE PITTS
 STREET ADDRESS 1002 HAGGARD RD
 CITY-ST-ZIP PLANT CITY FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William Pentecost* SIGNATURE REQUIRED WILLIAM PENTECOST 4/13/99 813 7570633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)