

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2007  
Secretary of State**

DOCUMENT# 751928

Entity Name: YOUMANS PRAISE AND WORSHIP CENTER, INC.

**Current Principal Place of Business:**

3816 HIGHWAY 92 EAST  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

3816 HIGHWAY 92 EAST  
PLANT CITY, FL 33566

**New Mailing Address:**

FEI Number: 59-2190940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENTECOST, WILLIAM D P  
3860 HWY 92 EAST  
PLANT CITY, FL 33566      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PENTECOST, WILLIAM D  
Address: 3816 HWY 92 E  
City-St-Zip: PLANT CITY, FL 33566 US

Title: T      ( ) Delete  
Name: PENTECOST, MICHELE  
Address: P.O. BOX 843  
City-St-Zip: MULBERRY, FL 33860

Title: STD      ( ) Delete  
Name: COX, GENE  
Address: 206 NORTH WIGGINS ROAD  
City-St-Zip: PLANT CITY, FL

Title: TD      ( ) Delete  
Name: ROY WISE,  
Address: 605 N. COLLINS ST  
City-St-Zip: PLANT CITY, FL

Title: TD      ( ) Delete  
Name: SCHISM, CHARLES A  
Address: 3906 BARREL PALM WAY  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. PENTECOST

P

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date