

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 08, 2004  
Secretary of State**

DOCUMENT# N01000002258

Entity Name: HOSANNA PRAISE EVANGELICAL DANCE AND DRAMA, INC.

**Current Principal Place of Business:**

1760 NW 189 TERRACE  
OPA LOCKA, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

1760 NW 189 TERRACE  
OPA LOCKA, FL 33056

**New Mailing Address:**

FEI Number: 65-1092008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, NOEL  
1760 NW 189 TERRACE  
OPA LOCKA, FL 33056

**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: DP      ( ) Delete  
Name: WILLIAMS, NOEL  
Address: 1760 NW 189 TERRACE  
City-St-Zip: OPA LOCKA, FL 33056

Title: DV      ( ) Delete  
Name: MCCLELLAN, APRIL  
Address: PO BOX 611433  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DS      ( ) Delete  
Name: ROUTER, DOMINIQUE  
Address: 65 NE 212TH STREET  
City-St-Zip: MIAMI, FL 33179

Title: DT      ( ) Delete  
Name: SCOTT, DONNA  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167

Title: D      ( ) Delete  
Name: MONCUR, VERLENE  
Address: 4441 SW 27TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D      ( ) Delete  
Name: BLACKSHIRE, KENNETH  
Address: 20041 NW 32ND AVE  
City-St-Zip: MIAMI, FL 33056

**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:

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 Section 119.07(3)(i), 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: NOEL WILLIAMS

DP

05/08/2004

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

\_\_\_\_\_  
Date