FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N17738

(8)

PRAISE CATHEDRAL, CHURCH OF GOD, INC.

PHAISE	CATHEDRAL, CHUNCH OF	GOD, INC.				
Principal Place of Business		Mailing Address	Mailing Address			
% MICHAEL J. THOMAS 4371 76TH AVE NO PINELLAS PARK FL 34665		% MICHAEL J. THOMAS 4371 76TH AVE NO PINELLAS PARK FL 34665			3a. Date of Last Report	
US		US			3. Date Incorporated or Qualified 11/12/1986	03/02/1995
2. Principal Place of Business 2a. Maili 21 26		2a. Mailing Address 26	ailing Address		4. FEI Number 59-2789116	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zio	Country	Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for	Added to rees
Zip 24	25	29	30	,	Florida Statutes	☐ Yes MINo
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New I	Registered Agent
				81 Name		
THOMAS, MICHAEL J 5533 81ST TERR NO				82 Street	Address (P.O. Box Number is Not Accepta	ble)
	S PARK FL 34665		ŀ	83		
1 INCLES	5 Allik E 0 1000		1	84 City		85 Zip Code
						FL 1
or registers	ad agent, or both, in the State of Flori	ida. Such change was authori	zea by the c	ve named co orporation's	orporation submits this statement for the public board of directors. I hereby accept the app	urpose of changing its registered office ocintment as registered agent. I am
familiar wit	h, and accept the obligations of, Sec	tion 617.0503, Florida Statute	s.	·		
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable.	IOTE: Registered	Agent signature i	required when reinstating:	DATE
12.		ID DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 Ti		D Ctaringham Ctara	Change Addition
NAME	MOWRY, TOM		1.2 N/		Cunningham, Steve 3236 8 Ave N	
STREET ADDRESS	2631 1ST ST. SE ST PETERSBURG FL			REET ADDRESS TY-ST-ZIP	ST Petersbung F1 33	113
CITY-SI-ZIP TITLE	D	DELETE	2.1 TI		0	☐ Change ☑ Addition
NAME	ALGARIN, SAM	_	2 2 N	AME	Shields, Stephen	
STREET ADDRESS	6668 18TH ST NORTH		235	REET ADDRESS	LIZTOL FRANK Dr N	
CITY-ST-ZIP	ST. PETERSBURG FL			ITY-S1-ZIP	Seminale F1 34646	Change Addition
TITLE	D	DELETE	3.1 TI		D Warrac Toha	Onlings
NAME OTREET ADDRESS	MARC HILL, III 4435 - 1ST ST., NE #312		3.2 N	ame Ireet address	Hanges, John 3945 Talah Dr.	
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL			HTY-ST-ZIP	Palm Harbor F1 346	æ4
TITLE	D	DELETE	4 1 T			Change Addition
NAME	ROGERS, RICHARD		4.21	IAME		
STREET ADDRESS	5452 45TH AVE NORTH			TREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL	□ DELETE	4.4 C	TLE		Change Addition
TITLE NAME	D SWAFFORD, CARL	Постен	5.2 N			
STREET ADDRESS	4330 81ST AVE NORTH			TREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		5.4 0	ITY-ST-ZIP		
TITLE	D	DELETE	6.1 T			☐ Change ☐ Addition
NAME	THOMAS, MICHAEL	***	1	AME		
STREET ADDRESS	5533 81ST TERRACE, NORT	п		TREET ADDRESS	1	
CITY - ST - ZIP	PINELLAS PARK FL		6.40	ITY-ST-ZIP	I Carting 1	D 07/9/W Florida Statutos I further

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 is rune and accurate and that my signature shall have the same legal effect as if made under certify 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:

Material Research

All STATUS

All STATUS

SIGNATURE

All STATUS

**All

SIGNATURE:

Mike Thomas