## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N23500 1. Entity Name 03-15-2006 90099 049 \*\*\*\*61.25 GRACE AND PRAISE MINISTRIES, INC. Principal Place of Business Mailing Address 16817 NW SR 45 16817 NW SR 45 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 2. Principal Place of Business 3. Mailing Address 15880 5 US Hwy 441 15880 S. US Hwy 441 Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number-City & State 59-2725257 Lake City Not Applicable Lake Cit Country \$8.75 Additional 5. Certificate of Status Desired Columbia 32024 Columbia 32024 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, WAYNE F. Street Address (P.O. Box Number is Not Acceptable) CR 778 HIGH SPRINGS FL 32643 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Defete THILE TITLE COOK, WAYNE NAME NAME STREET ADDRESS P.O. BOX 2522 N/A STREET ADDRESS HIGH SPRINGS FL 32643 CITY-S1-7IP CITY - ST - ZIP ☐ Change STD Addition ☐ Delete TITLE HODGE, GARY M NAME NAME 19515 NW 170TH LN STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 CITY-ST-ZIP CITY\_ST\_7IP ☐ Delete ☐ Change ■ Addition FIFLE SHERMAN, ROBERT CHARLES NAME STREET ADDRESS STREET ADDRESS 460 SO 2ND STREET LAKE CITY FL 32025 CITY-ST-7/P CITY-ST-ZIP [ ] Change ☐ Addition TITLE TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete FINE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made unider 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Wayne F. Gok

SIGNATURE:

2-9-06

FILED

Mar 15, 2006 8:00 am