


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N23500 1. Entity Name GRACE AND PRAISE MINISTRIES, INC.	
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Principal Place of Business 15880 S US HWY 441 LAKE CITY FL 32024 US	Mailing Address 15880 S US HWY 441 LAKE CITY FL 32024 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2725257	Applied For <input type="checkbox"/> No; Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, WAYNE F. CR 778 HIGH SPRINGS FL 32643	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____

Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete <input type="checkbox"/>
TITLE	PD COOK, WAYNE	<input type="checkbox"/>
NAME	P.O. BOX 2522 N/A	
STREET ADDRESS	HIGH SPRINGS FL 32643	
CITY-ST-ZIP		
TITLE	STD HODGE, GARY M	<input type="checkbox"/>
NAME	19515 NW 170TH LN	
STREET ADDRESS	HIGH SPRINGS FL 32643	
CITY-ST-ZIP		
TITLE	VD SHERMAN, ROBERT CHARLES	<input type="checkbox"/>
NAME	460 SO 2ND STREET	
STREET ADDRESS	LAKE CITY FL 32025	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	000000836353	<input type="checkbox"/>	<input type="checkbox"/>
NAME	03/04/08-80013-010 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Wayne F. Cook* *Wayne F. Cook* 1-24-08