


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742178** (7)

1. Corporation Name

LIFE AND PRAISE TEMPLE, INC.

Principal Place of Business

Mailing Address

**416 S. BERKLEY ROAD
AUBURNDAL FL 33823**

**416 S. BERKLEY ROAD
AUBURNDAL FL 33823-3818**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1978		3a. Date of Last Report 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1914610		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NARRAMORE, LEROY
1397 HWY 655 NO.
AUBURNDAL FL 33823**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NARRAMORE, LEROY	
STREET ADDRESS	1397 HWY 655 NORTH	
CITY-ST-ZIP	AUBURNDAL FL 00000	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MELTON, BILLY (REV)	
STREET ADDRESS	417 S BERKLEY ROAD	
CITY-ST-ZIP	AUBURNDAL FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUGHT, DONNIE	
STREET ADDRESS	5732 MT OLIVE RD	
CITY-ST-ZIP	POLK CITY, FL 33868	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAUGHT, DONNIE	
1.3 STREET ADDRESS	102 HALLUM DR	
1.4 CITY-ST-ZIP	AUBURNDAL FL 33823	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FLEEMAN, RONNIE	
2.3 STREET ADDRESS	917 KRISTINA CT	
2.4 CITY-ST-ZIP	AUBURNDAL FL 33823	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS, MAXIE (REV)	
3.3 STREET ADDRESS	3069 LANTANA CIRCLE	
3.4 CITY-ST-ZIP	AUBURNDAL FL 33823	

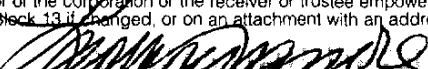
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



2/12/97 941-917-1733

CR2E037 (9/96)