FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

742178

(7)

LIFE AND PRAISE TEMPLE, INC.

FILED
Jan 29 1996 8:00am
Secretary of State



Principal Place	Mailing Address	ng Address			T SBOIN (BBN ANGLA 11001 IIBN 1000) 1811 ANGL BINN ALAN ANGL BINN ANGL				
416 S. BERKL AUBURNDALE			416 S. BERKLEY ROAD AUBURNDALE FL 33823						
						3. Date Incorporated or Qualified 03/23/1978		te of Las 02/01/1	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-1914610		Applied For		
Suite, Apt. #, etc.		Suite, Apl. #, etc.				\$8.75 Additional			
22		27				5. Certificate of Status Desired			Required
City & Stale		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation has liability for in	tangible ta		
:4	25	29	30			Florida Statutes			
	9. Name and Address of Curre	ont Registered Agent		_		10. Name and Address of New Re	gistered /	Agent	
			1	B1	Name				
NARRAMORE, LEROY			ŀ	82	Street Addres	oddress (P.O. Box Number is Not Acceptable)			
	Y 655 NO.		Ļ	_					
AUBURN	IDALE FL 33823			83	!				
			1	84	City		 ,	85 Z	ip Code
]		tion submits this statement for the purp	<u>FL</u>	ــلـــلـــــــــــــــــــــــــــــــ	
SIGNATURE _	Styriative, typed or predestrains of registered rigin OFLICERS AL	er aca telesit apple able	○II Flogisherad 13.	Agen	it signature required i	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECT	ORS IN 12
TITLE	STD	DELETE	1.1 101	LE				Change	Addition
NAME	NARRAMORE, LEROY	_	1.2 NA	ME	ĺ			_	
STREET ADDRESS	1397 HWY 655 NORTH		1.3 \$7	REET	ADDRESS				
CITY - ST - ZIP	AUBURNDALE, FL 00000		14 CIT	Y-S	T-ZIP				
TITLE	PD	DELETE	21 TITL					Change	Addition
NAME	MELTON, BILLY (REV)		2.2 NA	ME	į				
STREET ADDRESS	417 S BERKLEY ROAD		2351	REET	ADDRESS				
CITY-ST-ZIP	AUBURNDALE, FL 00000	Fire	2 4 CI		ST-2IP			Channa	C Addison
TITLE	D EALIGHT DONNIE	DETER	3.1 11TL				L	Change	Addition
NAME DYDGGY ADDOGGO	FAUGHT, DONNIE 5732 MT OLIVE RD		3 2 NA		1D0DECO				
STREET ADDRESS CITY-ST-ZIP	POLK CITY, FL 33868		3 3 S II 3 4. C I		ADDRESS				
TITLE	TOWN ONLY I COOP	DELETE	4.1 TIT	-	21 - ZH.		<u>_</u>	Change	Addition
NAME		_	4. 2 NA				_	•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-S	1-2IP				
TITLE		□DELETE 511		5 1 TITLE			[Change	Addition
NAME			5 2 NA	ME	1				
STREET ADDRESS			I -		ADDRESS				
CITY-ST-ZIP		Patere	5 4 CIT		I-2IP			Change	T Addition
TITLE		DETELE	6 1 717				ι	Change	Addition
NAME			62 NA		*DDDCC0				
STREET ADDRESS			6.3 \$11	1ttT	ADDRESS				
CITY-ST-ZIP			6.4 CIT	~					

4. I do hereby certify that the information supplied with this filling 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 the control are not a 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 composition or the receiver or trustee employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 941-967-6733

2E037 (12/95)