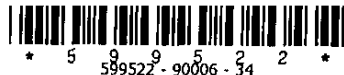


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746851					
1. Corporation Name PRAISE CATHEDRAL OF TALLAHASSEE, INC.					
Principal Place of Business 3206 CAPITAL CIR. NW TALLAHASSEE FL 32303 US			Mailing Address 3206 CAPITAL CIR. NW TALLAHASSEE FL 32303 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0220608	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVANS, WILLIAM B 1111 BONNIE DRIVE TALLAHASSEE FL 32304				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	EVANS, WILLIAM B			1.2 NAME			
STREET ADDRESS	1111 BONNIE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304			1.4 CITY-ST-ZIP			
TITLE	VD	☒ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	CATO, JOHN			2.2 NAME			
STREET ADDRESS	2036 SHADY OAK DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	CAUSEY, JOHN			3.2 NAME			
STREET ADDRESS	HC02 BOX 7793			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	REEVES, PHYLLIS			4.2 NAME			
STREET ADDRESS	2403 E W THARPE STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

William B. Evans
WILLIAM B. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-99

Date

Daytime Phone #

CR2E037 (5/99)