2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)		
DOGUÍVIENT # 746851 1. Entity Name				
PRAISE CATHEDRAL OF TALLAHASSEE, INC.				FILED
Principal Place of Business		Mailing Address	No.	04 APR 28 AM 10: 26
3206 CAPITAL CIR., NW TALLAHASSEE FL 32303 US		3206 CAPITAL CIR. NW TALLAHASSEE FL 32303 US		SECRETARY TO STATE TALE AHASSEE, FE ORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PEERLES ALBERT W SUSAIN Clemmons				
PEEBLES, ALBERT W 3725 DORSET WAY			Street Address	(R.O. Box Number is Not Acceptable)
	LAHASSEE FL 32303		10.162	MCK SKIN NOOL
			TALLAH	MASSEE FL Zig Code 32,368
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 Susan Clemnons 54-28-04				
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: R	egistered Agent signature requi	red when reinstating) DATE
				\$5.00 May Be Make Check Payable to
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	D PEEBLES, ALBERT W	Delete	TITLE POS	Change Addition
STREET ADDRESS	3725 DORSET WAY		STREET ADDRESS 707	eph Clemmons Buck skin Road
CITY-ST-ZIP	TALLAHASSEE FL 32303		CIT-SI-ZIP	MANASSER, FL 22308
TITLE NAME	WEST, EDWIN	Delete		and of Director
STREET ADDRESS	2920 N. SETTLER BLVD. TALLAHASSEE FL 32303		STREET ADDRESS 231	ns Geri Ann Lane
CITY-ST-ZIP	T ALLAMASSEE PL 32303		CITY-ST-ZIP TA	Mahassee, FL 32303
TITLE NAME	PRIOLO, SHIRLEY	- Delete	NAME OLD	and of Director -
STREET ADDRESS	2315-B BRYNAHR DRIVE TALLAHASSEE FL 32303		STREET ADDRESS 53	19 TAllaponsa Road
CITY-ST-ZIP	TALEATIAGGE FE G2500	☐ Delete	CITY-ST-ZIP A	TAMASSE TI 32303
NAME		Delete :	NAME	05/07/0401020007 **51.25
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE	<u> </u>	☐ Delete	TITLE	Change Addition
NAME CTOEST ADDOSCO			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
indicated	t on this report or supplemental report is	s true and accurate and that my	signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director in Florida Statutes; and that my name appears in Block 10 or Block 11 if
	, or on an attachment with an address,		, , , , , , , , , , , , , , , , , , , ,	

Rev. Joseph E. Clemmons

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR PRINTED HAME

OF SIGNATURE AND TYPED OR PRINTED HAME

OF SIGNING OFFICER OR PRINTED HAME

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850-894-1679