


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 746851</b>	
1. Entity Name <b>PRAISE CATHEDRAL OF TALLAHASSEE, INC.</b>	

Principal Place of Business <b>3206 CAPITAL CIR., NW TALLAHASSEE, FL 32303 US</b>	Mailing Address <b>3206 CAPITAL CIR. NW TALLAHASSEE, FL 32303 US</b>
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>41-0220608</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CLEMMONS, SUSAN 7076 BUCK SKIN ROAD TALLAHASSEE, FL 32308</b>	
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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 *Susan Clemmons* DATE 04-12-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	04/28/08-80019-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMMONS, JOSEPH 7076 BUCK SKIN ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD GORDON, HERB 2308 GERI ANN LANE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WHEELER, DANYEL 3705 AKARSON DR., APT A TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD GLEATON, MIKE 403 MCKEITHAN ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FRAZIER, SHIRLEY 9521 SCOTTSDALE ROAD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joseph Clemmons* DATE 4-12-08 DAYTIME PHONE # 850-562-3018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR