2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751928

FILED Apr 16, 2008 Secretary of State

Entity Name: YOUMANS PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	HWAY 92 EAS1 TY, FL 33566	7		
Current Mailing Address:		New Mailing Address:		
	HWAY 92 EAS1 TY, FL 33566	ī		
El Number	: 59-2190940	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:
	OST, WILLIAM I	P		
	Y 92 EAST TY, FL 33566	US		
n the Stat SIGNATU	e of Florida. Î			
,JIVAI U		ic Signature of Registered Age	ent	 Date
		ic Signature of Registered Age		Date 6/CHANGES TO OFFICERS AND DIRECTOR
OFFICER itle: lame: .ddress:	Electron	TORS: Delete VILLIAM D		
DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electron S AND DIREC P () PENTECOST, V 3816 HWY 92 E PLANT CITY, FI	Delete VILLIAM D E L 33566 US Delete	ADDITIONS Title: Name: Address:	6/CHANGES TO OFFICERS AND DIRECTOR
	PENTECOST, N PENTECOST, V 3816 HWY 92 E PLANT CITY, FI T () PENTECOST, N P.O. BOX 843 MULBERRY, FI	Delete VILLIAM D E L 33566 US Delete MICHELE L 33860 Delete	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	GICHANGES TO OFFICERS AND DIRECTOR () Change () Addition
DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electron S AND DIREC P () PENTECOST, V 3816 HWY 92 E PLANT CITY, FI T () PENTECOST, M P.O. BOX 843 MULBERRY, FL STD () COX, GENE 206 NORTH WI PLANT CITY, FI	Delete VILLIAM D E L 33566 US Delete MICHELE . 33860 Delete GGINS ROAD L Delete	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	6/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. PENTECOST P 04/16/2008