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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765111** (0)

1. Corporation Name

**TRUE PRAISE AND WORSHIP CENTER MIN. INC.**

Principal Place of Business

**1713 JULIA ST.  
AMERICAN BEACH FL 32034  
US**

Mailing Address

**1713 JULIA ST.  
AMERICAN BEACH FL 32034-4917  
US**

3. Date Incorporated or Qualified **09/20/1982** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GADSON, ROSELLA  
RT 2 BOX 262  
1713 JULIA ST  
FERNANDINA BEACH FL 32034**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 *Rosella Gadson*  
Signature, typed or printed name of registered agent and title if applicable

*Rosella Gadson*  
(NOTE: Registered Agent signature required when reinstating)

*4/22/97*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **GADSON, ROSELLA J.**  
CITY-ST-ZIP **RT 1 BOX 84-F  
FERNANDINA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **MELTON, LILLIE M**  
CITY-ST-ZIP **MT. ZION CIRCLE  
YULEE FL 32097**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **COLEMAN, WILLIE N**  
CITY-ST-ZIP **NORTH 15TH STREET  
FERNANDINA BCH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SIMMONS, FRANCIS**  
CITY-ST-ZIP **RT 3 BOX BOX 274  
FERNANDINA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **WAY, ELPHIS JEROME**  
CITY-ST-ZIP **694 JULIA STREET  
FERNANDINA BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **KIRKLAND, CARL**  
CITY-ST-ZIP **OLD HARTS ROAD APT 1108  
JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Rosella Gadson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/97* *904-261-2108*  
Date Daytime Phone # 0000272

CR2E037 (9/96)