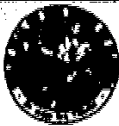


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767906

(1)

1. Corporation Name

PRAISE TABERNACLE, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**29707 STATE ROAD 561
P.O. BOX 361
TAVARES FL 32770
US**

Mailing Address
**STATE RD. 561, A LANE PARK
P.O. BOX 361
TAVARES FL 32770**

3. Date Incorporated or Qualified 04/11/1983	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2691774	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, JIMMIE SR.
P. O. BOX 381
1281 MANSFIELD ROAD
TAVARES FL 32778**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, REBECCA A.	1.2 NAME	
STREET ADDRESS	1281 MANSFIELD RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, JIMMIE, SR.	2.2 NAME	
STREET ADDRESS	1281 MANSFIELD RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, VERNON	3.2 NAME	
STREET ADDRESS	801 BRYAN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 appointed 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:

Jimmie Coleman Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

742-8382

Telephone #