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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 767906 (1)

1. Corporation Name
PRAISE TABERNAACLE, INCORPORATED



Principal Place of Business: 29707 STATE ROAD 561, P.O. BOX 381, TAVARES FL 32778, US
Mailing Address: STATE RD. 561, A LANE PARK, P.O. BOX 381, TAVARES FL 32778

3. Date Incorporated or Qualified: 04/11/1983
4. FEI Number: 59-2691774

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: COLEMAN, JIMMIE SR., P. O. BOX 381, 1281 MANSFIELD ROAD, TAVARES FL 32778

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Rebecca A. Coleman, Jimmie Sr. Coleman, and Vernon Simpkins.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 (Title, Name, Street Address, City-St-Zip), 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

14. I 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 applicable, and on an attachment with an address.

SIGNATURE: *Jimmie Sr. Coleman* JIMMIE COLEMAN SR. 3/30/98 (352)742-8382

CR2E037 (10/97)