


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 041 ****61.25

DOCUMENT # 767906.
 1. Entity Name
PRAYSE TABERNACLE, INCORPORATED



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



2. Principal Place of Business 3. Mailing Address
925 N. Central Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Umatilla, FL.
 Zip Country Zip Country
32784 *Lake*

4. FEI Number Applied For
59-2691774 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	COLEMAN, REBECCA A.	
STREET ADDRESS	1281 MANSFIELD RD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLEMAN, JIMMIE, SR.	
STREET ADDRESS	1281 MANSFIELD RD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPKINS, VERNON	
STREET ADDRESS	801 BRYAN ST.	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vernon Simpkins* - *Vernon Simpkins* 04/10/06 (352) 343-7577
Date Daytime Phone #