

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000091

FILED
Apr 29, 2008
Secretary of State

Entity Name: SHABACH MINISTRIES OF PRAISE, INC.

Current Principal Place of Business:

508 NORTH HUDSON STREET
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

508 NORTH HUDSON STREET
ORLANDO, FL 32835

New Mailing Address:

P O BOX 705
GOTHA, FL 34734

FEI Number: 56-1914423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIXON, SONYA M
508 NORTH HUDSON STREET
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: HALL, TODD M
Address: 10512 TREDWOOD DRIVEEET
City-St-Zip: RALEIGH, NC 27615

Title: DVCS () Delete
Name: MIXON, SONYA M
Address: 1642 THOROUGHbred DRIVE
City-St-Zip: ORLANDO, FL 34734

Title: DT () Delete
Name: MIXON, KATRINA
Address: 734 SHERWOOD TERRACE DRIVE 305
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: PIERSON, DEMARKUS
Address: 627 W 2ND STREET
City-St-Zip: TYLER, TX

Title: D () Delete
Name: JOHNSON, MAXIE
Address: 2554 JERRY WAY
City-St-Zip: LANCASTER, TX 75134

Title: VP () Delete
Name: MIXON, SONYA M
Address: 1642 THOROUGHbred DRIVE
City-St-Zip: ORLANDO, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: HALL, TODD M
Address: 10512 TREDWOOD DRIVE
City-St-Zip: RALEIGH, NC 27615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONYA M. MIXON

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date