2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F08000000091

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:

P O BOX 705
GOTHA, FL 34734

New Mailing Address:

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 DRIVE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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 04/30/2009

Electronic Signature of Signing Officer or Director — Date