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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90144 038 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000001523**

1. Corporation Name

**PRAYER & PRAISE, INC.**

Principal Place of Business

**410 SIDNEY CIRCLE  
WINTER HAVEN FL 33880-1442**

Mailing Address

**410 SIDNEY CIRCLE  
WINTER HAVEN FL 33880-1442**

9 8680 90144 38



2. Principal Place of Business 21 <b>410 Sidney Circle</b> Suite, Apt. #, etc. 22 <b>#232</b>	2a. Mailing Address 26 <b>2805 Recker Hwy</b> Suite, Apt. #, etc. 27 <b>#232</b>	3. Date Incorporated or Qualified <b>03/25/1994</b>
23 <b>WINTER HAVEN FLA</b> City & State 24 <b>33880</b> Zip 25 <b>USA</b> Country	28 <b>WINTER HAVEN FLA</b> City & State 29 <b>33880</b> Zip 30 <b>USA</b> Country	4. FEI Number <b>59-3214548</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BENNETT, LAWRENCE  
410 SIDNEY CIRCLE  
WINTER HAVEN FL 33880-1442**

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CPD
NAME	BENNETT, LAWRENCE	1.2 NAME	BENNETT, LAWRENCE
STREET ADDRESS	410 SIDNEY CIRCLE	1.3 STREET ADDRESS	2805 RECKER HWY #232
CITY-ST-ZIP	WINTER HAVEN FL 33880-1442	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	DS	2.1 TITLE	DS
NAME	BENNETT, RITA	2.2 NAME	BENNETT, RITA
STREET ADDRESS	410 SIDNEY CIRCLE	2.3 STREET ADDRESS	2805 RECKER HWY #232
CITY-ST-ZIP	WINTER HAVEN FL 33880-1442	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	DT	3.1 TITLE	DT
NAME	SLEEPE, LAWRIKA	3.2 NAME	SLEEPE, LAWRIKA
STREET ADDRESS	4303 W. NORTH A, APT. 201	3.3 STREET ADDRESS	431 ORIOLE DR, APT. M-23
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	McMINNVILLE, TENN. 37110
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED FOR REGISTERED AGENT

1-5-99

941-297-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)