

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003148

FILED
Jan 29, 2006
Secretary of State

Entity Name: TRUE PRAISE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1528 NE 147TH STREET
N MIAMI BEACH, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 173285
HIALEAH, FL 33017 US

New Mailing Address:

FEI Number: 65-1004057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KEVIN N PASTOR
18901 N.W. 11 COURT
MIAMI GARDENS, FL 33169 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: DP () Delete
Name: WILLIAMS, KEVIN N PASTOR
Address: 18901 N.W. 11 CT
City-St-Zip: MIAMI, FL 33169

Title: DVP () Delete
Name: WILLIAMS, DENISE P
Address: 18901 N.W. 11 CT
City-St-Zip: MIAMI, FL 33169

Title: DS () Delete
Name: SCOTT, ADDIS R
Address: 6915 N.W. 6 CT.
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: LOGAN, REGINA V
Address: 1220 NE 148TH STREET
City-St-Zip: N MIAMI BEACH, FL 33161

Title: T () Delete
Name: HORROBIN, SANDRA
Address: 13800 N.E. 12TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33161 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: WILLIAMS, NATHERLY T
Address: 3893 N.W. 163 STREET
City-St-Zip: OPA-LOCAKA, FL 33054 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN N. WILLIAMS

DP

01/29/2006

Electronic Signature of Signing Officer or Director

Date