

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003148

FILED
Apr 28, 2009
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:

1524 NE 147TH STREET
N MIAMI BEACH, FL 33161 US

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: S () Delete
Name: PAULAS, STANLEY
Address: 1200 S.W. 52 AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: ROGERS, JOHNATHAN
Address: 18901 N.W. 11TH COURT
City-St-Zip: MIAMI GARDENS, FL 33169

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

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:

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: KEVIN N. WILLIAMS

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date