

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007157

1. Entity Name

**PRaise THE LORD ALL YE SAINTS OF ESCAMBIA
COUNTY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**6017 STEWART STREET
MILTON FL 32570**

**4318 SABLAN LANE
MILTON FL 32583**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-3741736

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, JOANNE
4318 SABLAN LANE
MILTON FL 32583**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **WEBSTER, JOANNE**
CITY-ST-ZIP **4318 SABIAN LANE
MILTON FL 32583**

TITLE ☐ Change ☐ Addition
NAME **U000000766556**
STREET ADDRESS **06/26/07-80004-005 70.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VCTD**
STREET ADDRESS **WEBSTER, MICHAEL**
CITY-ST-ZIP **4318 SABIAN LANE
MILTON FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MT**
STREET ADDRESS **HARDAWAY, CHARLIE**
CITY-ST-ZIP **4318 SABIAN LANE
MILTON FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ODOM, RUTHIE**
CITY-ST-ZIP **4318 SABIAN LANE
MILTON FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *On Page 2 of 2: Joanne Webster 6/18/07 (850) 983-4906*