

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000007157

1. Entity Name

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



**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6017 STEWART STREET  
MILTON FL 32570

Mailing Address  
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 (4/08)

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: September 3, 2008**

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

TITLE ☐ Change ☐ Addition  
NAME U00000958928  
STREET ADDRESS 09/03/08-80009-015 70.00  
CITY-ST-ZIP

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

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

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

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

TITLE STD ☐ Delete  
NAME ODOM, RUTHIE  
STREET ADDRESS 4318 SABIAN LANE  
CITY-ST-ZIP 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: JOANNE WEBSTER / JOANNE WEBSTER 8-25-2008 850-624-7201