2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N00000007157

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

Current Principal Place of Business:

6017 STEWART STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

4318 SABLAN LANE
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-3741736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBSTER, JOANNE
4318 SABLAN LANE
MILTON, FL 32583 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: PDS ( ) Delete
Name: WEBSTER, JOANNE
Address: 4318 SABIAN LANE
City-St-Zip: MILTON, FL 32583

Title: VCTD ( ) Delete
Name: WEBSTER, MICHAEL
Address: 4318 SABIAN LANE
City-St-Zip: MILTON, FL 32583

Title: MT ( ) Delete
Name: HARDAWAY, CHARLIE
Address: 4318 SABIAL LANE
City-St-Zip: MILTON, FL 32583

Title: STD ( ) Delete
Name: ODOM, RUTHIE
Address: 4318 SABIAN LANE
City-St-Zip: MILTON, FL 32583

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: JOANNE WEBSTER PDS 07/30/2009
Electronic Signature of Signing Officer or Director — Date