

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007157

**FILED**  
**Jun 14, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6017 STEWART STREET  
MILTON, FL 32570

**New Principal Place of Business:**

4318 SABLAN LANE  
MILTON, FL 32583

**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)**

**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  
Name: WEBSTER, JOANNE  
Address: 4318 SABIAN LANE  
City-St-Zip: MILTON, FL 32583

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOANNE WEBSTER

PRES

06/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date