

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2005  
Secretary of State**

DOCUMENT# N00000007877

Entity Name: L.P.J. WORSHIP AND PRAISE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

15803 SW 103 AVE  
ARCHER, FL 32618

**New Principal Place of Business:**

**Current Mailing Address:**

8352 N.E. 166TH AVENUE  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-3666336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAYS, JOYCE  
8352 NE 166 AVE  
WILLISTON, FL 32696      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: D      ( ) Delete  
Name: DAYS, RONALD E JR  
Address: 8352 NE 166 AVE  
City-St-Zip: WILLISTON, FL 32696

Title: D      ( ) Delete  
Name: DAYS, JOYCE  
Address: 8352 NE 166 AVE  
City-St-Zip: WILLISTON, FL 32696

Title: D      ( ) Delete  
Name: FRAZIER, SYLVIA  
Address: 5020 SW 63RD BLVD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      ( ) Delete  
Name: DANIELS, MORRIS  
Address: P O BOX 145  
City-St-Zip: ARCHER, FL 32618

Title: D      ( ) Delete  
Name: SMITH, ABRAM  
Address: P O BOX 127  
City-St-Zip: ARCHER, FL 32618

Title: D      ( ) Delete  
Name: ROBINSON, GWEN  
Address: 10825 SW 170 ST.  
City-St-Zip: ARCHER, FL 32618

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: SYLVIA FRAZIER

D

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date