2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2006 08:00 AN DOCUMENT # N00000007877 **Secretary of State** L.P.J. WORSHIP AND PRAISE MINISTRIES, INCORPORATED Principal Place of Business Mailing Address 8352 N.E. 166TH AVENUE WILLISTON FL 32696 15803 SW 103 AVE ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE! Number Applied For 59-3666336 Not Applicab Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAYS, JOYCE 8352 NE 166 AVE Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 City 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 agen-(NOTE: Registered Agent signature required when reinstating) · FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State A TANKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D TITLE Delete TITLE ☐ Change U00000404102 DAYS, RONALD E JR NAME NAME 02/06/06-80034-006 61.25 8352 NE 166 AVE STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP TITLE Datete ☐ Change 🔲 Adást DAYS, JOYCE MARKE NAME 8352 NE 166 AVE STREET ADDRESS STREET ADDRESS WIILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ____ Addis. ☐ Change FRAZIER, SYLVIA NAME NAME STREET ADDRESS 5020 SW 63RD BLVD STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition DANIELS, MORRIS NAME STREET ADDRESS P O BOX 145 STREET ADDRESS ARCHER FL 32618 City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additio SMITH, ABRAM NAME P O BOX 127 STREET ADDRESS STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ∏ Adam ROBINSON, GWEN NAME NAME 10825 SW 170 ST. STREET ADDRESS STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dage Dage

1-24-06

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