
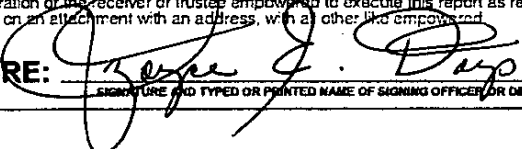


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90016 003 \*\*\*\*61.25

<b>DOCUMENT # N00000007877</b>					
1. Entity Name L.P.J. WORSHIP AND PRAISE MINISTRIES, INCORPORATED					
Principal Place of Business 15803 SW 103 AVE ARCHER, FL 32618		Mailing Address 8352 N.E. 166TH AVENUE WILLISTON, FL 32696			
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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAYS, JOYCE 8352 NE 166 AVE WILLISTON, FL 32696				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAYS, RONALD E JR	NAME			
STREET ADDRESS	8352 NE 166 AVE	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	8352 NE 166 AVE	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRAZIER, SYLVIA	NAME			
STREET ADDRESS	5020 SW 63RD BLVD	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANIELS, MORRIS	NAME			
STREET ADDRESS	P O BOX 145	STREET ADDRESS			
CITY-ST-ZIP	ARCHER, FL 32618	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, ABRAM	NAME	D CHRIS GILLYARD		
STREET ADDRESS	P O BOX 127	STREET ADDRESS	9717 SW 84-th Ave		
CITY-ST-ZIP	ARCHER, FL 32618	CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, GWEN	NAME			
STREET ADDRESS	10825 SW 170 ST.	STREET ADDRESS			
CITY-ST-ZIP	ARCHER, FL 32618	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: 				4-2-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

60023898



04022008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3666336 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

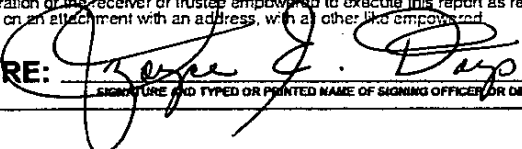
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SIGNATURE:  4-2-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #