

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007877

FILED
Feb 23, 2009
Secretary of State

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

Title: D () Delete
Name: GILLYARD, CHRIS
Address: 9717 SW 84TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAYS, RONALD E SR
Address: 8352 NE 166 AVE
City-St-Zip: WILLISTON, FL 32696

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

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: RONALD E. DAYS, SR

D

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date