

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00462

FILED
Feb 08, 2005
Secretary of State

Entity Name: LIFE AND PRAISE MINISTRIES, INC.

Current Principal Place of Business:

5201 MEMORIAL DR.
SEBRING, FL 33870

New Principal Place of Business:

831 MEMORIAL DR.
SEBRING, FL 33870

Current Mailing Address:

5201 MEMORIAL DR.
SEBRING, FL 33870

New Mailing Address:

157 WESTER AVE
AVON PARK, FL 33825

FEI Number: 59-2582330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, SHERRI D
157 N. WOODLAWN AVE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

ANDERSON, SHERRI D
157 WESTER AVE.
AVON PARK, FL 33825 US

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:

02/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ANDERSON, SHERRI D
Address: 157 N. WOODLAWN AVE
City-St-Zip: AVON PARK, FL 33825

Title: S () Delete
Name: PENNISI, SANDRA
Address: 170 HILLSIDE DR
City-St-Zip: LAKE PLACID, FL

Title: D () Delete
Name: HALL, WILLIAM
Address: 3333 SPARTA CIRCLE
City-St-Zip: SEBRINGE, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCGUIRE, ERIK A
Address: 507 RICH ST.
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change () Addition
Name: COBB, JAMES M
Address: 301 S. WELLS AVE.
City-St-Zip: AVON PARK, FL 33825

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: SHERRI D. ANDERSON

CD

02/08/2005

Electronic Signature of Signing Officer or Director

Date