

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90002 006 ****61.25

DOCUMENT # N01000001324

1. Entity Name
PORT ST. JOE HOUSE OF PRAISE, INC.



Principal Place of Business
310 MARTIN LUTHER KING BLVD.
PORT ST. JOE, FL 32456

Mailing Address
POST OFFICE BOX 93
PORT ST. JOE, FL 32457

54058528



2. Principal Place of Business
Wig Building
Suite, Apt. #, etc.

3. Mailing Address
Peters Street
Suite, Apt. #, etc.

05202004 Chg-NP CR2E037 (10/03)

City & State
Port St. Joe FLA

City & State

4. FEI Number
59-3702775

Applied For
Not Applicable

Zip
32457

Country
Gulf

Zip
32456

Country
America

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLAND, ROSA L
101 N. PARK AVENUE
PORT ST. JOE, FL 32456

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GARLAND, ROSA L
101 N. PARK AVENUE
PORT ST. JOE, FL 32456 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GARLAND, HOWARD
101 N. PARK AVENUE
PORT ST. JOE, FL 32456 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GARLAND, GREGORY
710 E. 14TH STREET
PANAMA CITY, FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Elder
Garland Gregory Sr.
7321 Claudia's Way
Callaway FL 32404 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ROSA LEE GARLAND 06-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-227-7578

Daytime Phone #