


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003269 1. Entity Name RAISE-TO-PRAISE CHRISTIAN FELLOWSHIP, INC.						<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">FILED</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">05 MAR -3 PM 2:49</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2328 APALACHEE PKWY. TALLAHASSEE, FL 32301				Mailing Address 1543 BREAMSTONE RIDGE TALLAHASSEE, FL 32312			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARBER, CLAUDETTE 1543 BREAMSTONE RIDGE TALLAHASSEE, FL 32312				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
				55.00 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	D BARBER, CLAUDETTE <input type="checkbox"/> Delete 1543 BREAMSTONE RIDGE TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, LOUISE <input type="checkbox"/> Delete 1543 BREAMSTONE RIDGE TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">500048060505</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">03/09/05--01051--014 **\$61.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, JAMESE <input type="checkbox"/> Delete 1543 BREAMSTONE RIDGE TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Claudette Barber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3-3-05</u> <small>Date</small>			
				<small>Daytime Phone #</small>			