

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90386 001 \*\*\*\*61.25

<b>DOCUMENT # N01000003678</b> 1. Entity Name <b>GRACE TABERNACLE WORSHIP &amp; PRAISE MINISTRIES, INC.</b>					
Principal Place of Business <b>10830 NW 35TH PLACE SUNRISE, FL 33351</b>			Mailing Address <b>10830 NW 35TH PLACE SUNRISE, FL 33351</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1104762</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMITH, NIGEL 10830 NW 35TH PLACE SUNRISE, FL 33351</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, NIGEL D <input type="checkbox"/> Delete 10830 NW 35TH PLACE SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, DORNA J <input type="checkbox"/> Delete 10830 NW 35TH PLACE SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANCIS, JANET E <input checked="" type="checkbox"/> Delete 185 VERMONT AVE FT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOTTILDA SMALL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2451 NW 41ST AVE. BLDG. 5 APT. 105 LAUDER HILL, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKOY, TEDISHAN <input type="checkbox"/> Delete 2607 NW 33RD STREET #2107 FT LAUDERDALE, FL 33351		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 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.					
<b>SIGNATURE:</b> <i>Nigel Smith</i> <b>Nigel Smith Director</b> <div style="display: flex; justify-content: space-between;"> <span><b>4/27/06</b></span> <span><b>954-588-3909</b></span> </div>					