


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2004 90054 015 ****61.25

DOCUMENT # N01000006158	
1. Entity Name JOYFUL PRAISE MINISTRIES INC.	

Principal Place of Business 7903 N LAGOON DR PANAMA CITY FL 32408	Mailing Address 7903 N LAGOON DR PANAMA CITY FL 32408
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2. Principal Place of Business 7903 N. LAGOON DR. Suite, Apt. #, etc.	3. Mailing Address 7903 N. LAGOON DR. Suite, Apt. #, etc.
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City & State PANAMA CITY, FL. Zip: 32408 Country: USA	City & State PANAMA CITY, FL. Zip: 32408 Country: USA
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4. FEI Number 26-0041580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROUT, KENNETH A 7903 N LAGOON DR PANAMA CITY FL 32408	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____
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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 <u>KENNETH A. CROUT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Kenneth A. Crout</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>2-17-04</u> <small>DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROUT, KENNETH A		NAME	
STREET ADDRESS 7903 N LAGOON DR		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32408		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROUT, SYDNEY		NAME	
STREET ADDRESS 7903 N LAGOON		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32408		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: <u>KENNETH A. CROUT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-17-04 850-233-3423</u> <small>Date Daytime Phone #</small>
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