2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000007267

Entity Name: PRIESTLY PRAISE MINISTRIES INC.

Current Principal Place of Business:

4345 COOL EMERALD DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4345 COOL EMERALD DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3749453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, DEBORAH
2984 NUTMEG COURT
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	LYONS, LEE A	
Address:	4345 COOL EMERALD DR.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	LYONS, PRISCILLA L	
Address:	4345 COOL EMERALD DR.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	ST	( ) Delete
Name:	ROBINSON, DEBORAH L	
Address:	2984 NUTMEG COURT	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	TURNER, HENRY	
Address:	5137 GRAND VIEW COURT	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	TURNER, CELESTINE G	
Address:	5137 GRAND VIEW COURT	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	SMITH, CLARENCE	
Address:	3469 CHATELAINE COURT	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH L. ROBINSON ST 03/20/2009
Electronic Signature of Signing Officer or Director — Date