# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N02000000765

**Entity Name:** THE CHENANIAH PRAISE DANCERS, INC.

**Current Principal Place of Business:**

1291 SW 28TH AVENUE
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 243741
BOYNTON BEACH, FL 33424 US

**New Mailing Address:**

**FEI Number: 65-1108555** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYS, ANTHONY S
1291 SW 28TH AVE
BOYNTON BEACH, FL 33426 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: | PD | ( ) Delete |
| Name: | MAYS, CARLA P | |
| Address: | 1291 SW 28TH AVE | |
| City-St-Zip: | BOYNTON BEACH, FL 33426 | |
| Title: | SD | ( ) Delete |
| Name: | CAESAR, DOROTHY | |
| Address: | 332 NW 10TH AVE | |
| City-St-Zip: | DELRAY BEACH, FL 33444 | |
| Title: | TD | ( ) Delete |
| Name: | MAYS, ANTHONY S | |
| Address: | 1291 SW 28TH AVE | |
| City-St-Zip: | BOYNTON BEACH, FL 33426 | |
| Title: | C | ( ) Delete |
| Name: | FOREST, DOROTHY | |
| Address: | 2591 NW 1ST STREET | |
| City-St-Zip: | BOYNTON BEACH, FL 33435 US | |
| Title: | C | ( ) Delete |
| Name: | SPATES, SALLY | |
| Address: | 497 SW MOLLOY TERRACE | |
| City-St-Zip: | PORT ST. LUCIE, FL 33984 US | |
| Title: | C | ( ) Delete |
| Name: | CEASAR, WILLIE G III | |
| Address: | 712 E. CHATELAINE BLVD | |
| City-St-Zip: | DELRAY BEACH, FL 33444 | |

**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: CARLA P. MAYS PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date