


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001926 1. Entity Name INSTRUMENTS OF PRAISE MINISTRIES, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">07 APR 19 PM 3:15</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 5615 WESCONNETT JACKSONVILLE, FL 32244				Mailing Address POST OFFICE BOX 37573 JACKSONVILLE, FL 32236			
2. Principal Place of Business - No P.O. Box # 2467 Lane Avenue S.				3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL				City & State			
Zip 32210		Country USA		Zip		Country	
4. FEI Number 03-0406845				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEMBERTON, ERNESTINE W 1700 BLANDING BLVD. 77 JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Ernestine W. Pemberton Street Address (P.O. Box Number is Not Acceptable) 12075 Chester Creek Road City Jacksonville FL Zip Code 32218			
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>							
Filing Fee is \$61.25 Due by May 1, 2007				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							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBERTON, ERNESTINE W 1700 BLANDING BLVD #77 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pemberton, Ernestine W. 12075 Chester Creek Road Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBERTON, PAUL E 1700 BLANDING BLVD. #77 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pemberton, Paul E. 12075 Chester Creek Road Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, CHARLETTA M 12075 CHESTER CREEK RD. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200097962832 04/23/07--01018--013 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PEMBERTON, ERNESTINE W 1700 BLANDING BLVD. #77 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pemberton, Ernestine W. 12075 Chester Creek Road Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, DORSEY L. 12075 CHESTER CREEK RD. JACKSONVILLE, FL 32218 <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.							
SIGNATURE: <u>Ernestine W. Pemberton / Ernestine W. Pemberton</u> 4/19/07 904-521-1127 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							