2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N02000001926

Entity Name: INSTRUMENTS OF PRAISE MINISTRIES, INC.

Current Principal Place of Business:

2467 LANE AVENUE S.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 37573
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 03-0406845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEMBERTON, ERNESTINE W
12075 CHESTERCREEK ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

PEMBERTON, ERNESTINE W
5831 ADVENTURE LANE
JACKSONVILLE, FL 32244 US

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: _____ 03/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEMBERTON, ERNESTINE W
Address: 12075 CHESTERCREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete
Name: PEMBERTON, PAUL E
Address: 12075 CHESTERCREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: DORSEY, CHARLETTA M
Address: 12075 CHESTER CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: DORSEY, CHARLETTA M
Address: 12075 CHESTERCREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: PAUL, DORSEY L
Address: 12075 CHESTER CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEMBERTON, ERNESTINE W
Address: 5831 ADVENTURE LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Change ( ) Addition
Name: PEMBERTON, PAUL E
Address: 5831 ADVENTURE LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change ( ) Addition
Name: DORSEY, CHARLETTA M
Address: 12075 CHESTER CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32218

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: ERNESTINE W. PEMBERTON P 03/08/2009
Electronic Signature of Signing Officer or Director — Date