2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000968

FILED May 02, 2004 Secretary of State

Entity Name: PRAISE INTERNATIONAL WORSHIP AND TRAINING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: PMB 17-7862 W IRLO BRONSON HWY KISSIMMEE, FL 34747 **Current Mailing Address: New Mailing Address:** PMB 17-7862 W IRLO BRONSON HWY KISSIMMEE, FL 34747 FEI Number: 65-0907858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASH, BETTY L PMB 17-7862 W IRLO BRONSON HWY KISSIMMEE, FL 34747 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CASH, APOSTLE J Name: Name: Address: PMB 17-7862 W IRLO BRONSON HWY Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CASH, BETTY Name: Address: PMB 17-7862 W IRLO BRONSON HWY Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, LORENZO Name: Name: Address: P.O. BOX 607022 Address: City-St-Zip: ORLANDO, FL 32860 City-St-Zip: Title: CP () Delete Title: () Change () Addition Name: JONES, DR JANIE Name: P.O. BOX 607022 Address: Address: City-St-Zip: ORLANDO, FL 32860 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, REBECCA Name: Name: 1520 ABBIE AVE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY CASH SECR 05/02/2004