

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 009 ****61.25

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1. Entity Name

LEVITICUS TABERNACLE OF PRAISE INC.



Principal Place of Business

116 JACKSON STREET
ALTAMONTE SPRINGS FL

Mailing Address

1901 NICOLE LEE CIRCLE
APT. 1220
APOPKA FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1659351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, DANIEL SR
1901 NICOLE LEE CIRCLE
#1220
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Daniel Sims Sr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	SIMS, DANIEL SR	
STREET ADDRESS	1901 NICOLE LEE CIR. #1220	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIMS, WILLIE	
STREET ADDRESS	1610 CALLIE CIR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMS, DOROTHY	
STREET ADDRESS	1901 NICOLE LEE CIR. #1220	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMS, THERESA	
STREET ADDRESS	1610 CALLIE CIR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILES, ALICE	
STREET ADDRESS	1125 SOUTH LAKE AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Dorothy	
STREET ADDRESS	1901 Nicole Lee Circle #1220	
CITY-ST-ZIP	Apopka, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Geraldine	
STREET ADDRESS	4073 North Orlando Park Way	
CITY-ST-ZIP	#2305 Apopka Orlando FL 32808	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Takiha	
STREET ADDRESS	2978 Karlyn Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Frederick	
STREET ADDRESS	1901 Nicole Lee Circle #1220	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daniel Sims Sr.
Signature, typed or printed name of signing officer or director

4/26/06

407-886-1518