2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005261

SIGNATURE:

FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90197 036 ****70.00

1. Entity Nat PRAISE, INC	me , PRAYER, POWER DELIVE	RANCE MINISTRY				03 03 2 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 6.00
3039 SABA	ce of Business L PALM DRIVE LE, FL 32277		ailing Address 039 SABAL PALM DRIVE ACKSONVILLE, FL 32277			PILO (CON CON DECIMA DE CON DECIMA DE CONTRA DE C	n enn fink f	KIA FAKA AMA	: 1450 M (60)
2. Principal Place of Business 3. 1		3. Maiking Address	i. Maiking Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04072006	Chg-NP	CR2E0	37 (11/05)
City & State		City & State			4. FEI Number 41-2100			\rightarrow	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New R	logistered (Agent	
KING, BR	FNDA A	Name							
3039 SAB	AL PALM DRIVE IVILLE, FL 32277		Street	Address (P.O. Box Number	is Not Acceptable	3)		
			City				FL	Zip Co	ode
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	Signature, typed or printed name of registered agent a	and tirle if applicable. (NOTE	Registered Agent sign	ature required	when reinstating)		DATE		
······································	Filing Fee is \$61.25	9 Flortion Carr	paign Financing		¢5.00		ake check	navahla	
	Due by May 1, 2006	Trust Fund C			\$5.00 May Be Added to Fees	5 1 1 00000 1001 1001 1001	ida Depart		anni accessor accessor accessor accessor
10.	OFFICERS AND DIR	ECTORS	11.	A	ADDITIONS/CHAI	NGES TO OFFICE	RS AND DIF	RECTORS I	N 10
TITLE	P	☐ Defete	TITLE					Change	Addition
NAME STREET ADDRESS	KING, BRENDA 3039 SABAL PALM DRIVE		NAME STREET ADDRESS	1					
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP						
TITLE	VP	Delete	TITLE	 				☐ Change	☐ Addition
NAME	SAMUELS, DEANNA		NAME	1					
STREET ADDRESS	3800 SWEETBRIAR DRIVE		STREET ADDRESS	}					
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP						
TITLE NAME	SEETRAM, GLORIA	🔯 Delete	TITLE NAME	Del	cretary borah A.	Coding		K Change	Addition
STREET ADDRESS	1397 EAGLE VOE ROAD		STREET ADDRESS		ll Mayapp				
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY+ST-ZIP			le, Fla 3	2211		
TITLE	<u>T</u>	⊠ Delete	TITLE	Tre	easurer	-		Change	Addition
NAME STREET LIBROSON	THOMAS, DOROTHY		NAME	Gal	briel E.	Onowho			
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32206		STREET ADDRESS CITY-ST-ZIP	Pos	st Office	Box 822	5		
TITLE	D	☐ Delete	TITLE	Jac	cksonvil	le, Fla :	32239-	0225	Addition
NAME	SAMUELS, KENDALL	☐ Ocicie	NAME	i				☐ clarige	L. Accision
STREET ADDRESS	3800 SWEETBRIAR DRIVE		STREET ADDRESS						
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP						
TITLE	CEO	Detete	TITLE					☐ Change	☐ Addition
NAME Street address	WILSON, REV RAYMOND DR P.O. BOX 824		NAME emplet annouses						
CITY-ST-ZIP	SHARON, PA 16146		STREET ADDRESS CITY-ST-ZIP						1
12 I berehv (Pertify that the information supplied with t	his filing does not qualify for	he everniene e	ontained ii	n Chapter 119. H	lorida Statutes, t fi	irther certifo	/ that the in	nformation
of the cor	on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a	reimoatura chall f	www.tha.es	ama kaoni affact a	e if mede weder as	anta Hantlan		andien-a