2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N03000006002

Entity Name: MISSION ON PRAISE MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 382144
MIAMI, FL 332382144

New Principal Place of Business:

Current Mailing Address:

PO BOX 382144
MIAMI, FL 332382144

New Mailing Address:

FEI Number: 20-0093658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, RUTH
761 NW 96TH STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: PIERRE, RUTH
Address: 761 NW 96TH STREET
City-St-Zip: MIAMI, FL 33150

Title: V ( ) Delete
Name: WAYNE, MORRISON
Address: 3390 FOXCROFT ROAD
City-St-Zip: MIRAMAR, FL 33025

Title: DT ( ) Delete
Name: VILAIN, JUDE
Address: 415 NW 78 STREET
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete
Name: SWARTZ, JOSETTE
Address: 19051 NW 52ND COURT
City-St-Zip: OPA LOCKA, FL 33055

Title: S ( ) Delete
Name: HOLMES, CANDICE
Address: 1612 NW 42 STREET
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete
Name: JOHN-LEWIS, DALILA
Address: 3500 NW 83 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WAYNE, MORRISON
Address: 3390 FOXCROFT ROAD #308
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: PIERRE RUTH P 04/26/2004

Electronic Signature of Signing Officer or Director — Date