2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006002

Secre

Apr 27, 2005 Secretary of State

Entity Name: MISSION ON PRAISE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 382144 MIAMI, FL 332382144 **Current Mailing Address: New Mailing Address:** PO BOX 382144 MIAMI, FL 332382144 FEI Number: 20-0093658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, RUTH 761 NW 96TH STREET MIAMI, FL 33150 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 PIERRE, RUTH Name: Name: 761 NW 96TH STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: WAYNE, MORRISON Name: ALYN, CLARICE Address: 3390 FOXCROFT ROAD #308 Address: 3241 NW 212 STREET City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: DT (X) Change () Addition VILAIN, JUDE VICTOR, SERES Name: Name: 415 NW 78 STREET Address: Address: 19925 NW 28 AVE City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: (X) Change () Addition Name: SWARTZ, JOSETTE Name: ALYN, FRANCIS 19051 NW 52ND COURT 3241 NW 212 STREET Address: Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: () Change () Addition HOLMES, CANDICE Name: Name: 1612 NW 42 STREET Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: (X) Delete Title: () Change () Addition JOHN-LEWIS, DALILA Name: Name: Address: 3500 NW 83 STREET Address: MIAMI, FL 33142 City-St-Zip: 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: RUTH PIERRE P 04/27/2005