2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006002

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

	ne: MISSION ON PRAISE MINISTRIES, INC.		•
Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:
761 NW 96 MIAMI, FL			
Current Ma	ailing Address:	New Maili	ng Address:
PO BOX 61 MIAMI, FL			
	20-0093658 FEI Number Applied For() FEI No e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	-	
PIERRE, R 761 NW 96 MIAMI, FL	TH STREET		
The above	named entity submits this statement for the purpose	of changing i	ts registered office or registered agent, or both.
in the State		5 5	<i>5 5</i> , ,
	of Florida.	0 0	
in the State	of Florida.		Date
in the State	of Florida. ************************************		
in the State	of Florida. E: Electronic Signature of Registered Agent		Date
in the State SIGNATUR OFFICERS Title: Name: Address:	ef Florida. E: Electronic Signature of Registered Agent AND DIRECTORS: P () Delete PIERRE, RUTH J 761 NW 96TH STREET	ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTORS:
in the State SIGNATUR OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	of Florida. E: Electronic Signature of Registered Agent AND DIRECTORS: P () Delete PIERRE, RUTH J 761 NW 96TH STREET MIAMI, FL 33150 V () Delete ALYN, CLARICE 3241 NW 212 STREET	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition V (X) Change () Addition ALYN, CLARICE PO BOX 611178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PIERRE, RUTH J P 05/01/2009

() Delete

() Change (X) Addition

MERITEE, JOSEPH

PO BOX 611178

MIAMI, FL 33261