

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90012 014 \*\*\*\*61.25

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MOORE CR2E037 (4/04)

<b>DOCUMENT # N03000007042</b> 1. Entity Name <b>PRAISE TABERNACLE CHURCH INC.</b>			
Principal Place of Business: <b>4279 GUN CLUB RD W PALM BCH FL 33406</b>		Mailing Address: <b>4279 GUN CLUB RD W PALM BCH FL 33406</b>	
2. Principal Place of Business <b>300 N. Jog Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>4279 Gun Club Road</b> Suite, Apt. #, etc.	
City & State <b>W. Palm Beach FL</b> Zip <b>33413</b> Country <b>USA</b>		City & State <b>W. Palm Beach FL</b> Zip <b>33406</b> Country	
4. FEI Number <b>51-047 0106</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEFFENBAUGH, JERRY G REV. 4279 GUN CLUB RD W PALM BCH FL 33406</b>		7. Name and Address of New Registered Agent Name <b>Georgia E. Deffenbaugh</b> Street Address (P.O. Box Number is Not Acceptable) <b>4279 Gun Club Rd</b> City <b>W Palm Beach FL</b> Zip Code <b>33406</b>	
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 <u><i>Georgia E. Deffenbaugh</i></u> DATE <u><i>July 29, 04</i></u> <small>Signature typed or printed name of registered agent and not acceptable. NOTE: Registered Agent signature required when reappointing.</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEFFENBAUGH, JERRY G REV.</b> <b>4279 GUN CLUB RD</b> <b>W PALM BCH FL 33406</b> <i>Pastor</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEFFENBAUGH, GEORGIA E</b> <b>4279 GUN CLUB RD</b> <b>W PALM BCH FL 33406</b> <i>President</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Burgin Angelina</b> <b>4279 Gun Club Rd</b> <b>W. Palm Beach FL 33406</b> <i>Treasurer</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Upthegrove Pat</b> <b>350 N. Jog Rd</b> <b>W Palm Beach FL 33413</b> <i>Officer</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Georgia E. Deffenbaugh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	