

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011100

FILED
Jan 14, 2007
Secretary of State

Entity Name: HIGH PRAISE VICTORY CENTER, INC.

Current Principal Place of Business:

8119 ANDERSON RD.
TAMPA, FL 33634 US

New Principal Place of Business:

4105 W HILLSBOROUGH AVE
TAMPA, FL 33614 US

Current Mailing Address:

8119 ANDERSON RD.
TAMPA, FL 33634 US

New Mailing Address:

4105 W HILLSBOROUGH AVE
TAMPA, FL 33614 US

FEI Number: 86-1093393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NULPH, BRIAN M
8119 ANDERSON RD.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

NULPH, BRIAN M
4105 W HILLSBOROUGH AVE
TAMPA, FL 33614 US

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:

01/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NULPH, BRIAN M
Address: 8119 ANDERSON RD.
City-St-Zip: TAMPA, FL 33634

Title: V () Delete
Name: TURNER, TERRENCE W
Address: 4917 PENNSBURY DR.
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: LAZIO, SHEILA F
Address: 11215 ELMFIELD DR.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NULPH, BRIAN M
Address: 4105 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33614

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 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.

SIGNATURE: SHEILA LAZIO

ST

01/14/2007

Electronic Signature of Signing Officer or Director

Date