

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000704

FILED
Jul 07, 2006
Secretary of State

Entity Name: HALLEL PRAISE & OUTREACH CENTER MINISTRIES, INC.

Current Principal Place of Business:

6875 NW 18TH AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

P O BOX 370134
MIAMI, FL 33137

New Mailing Address:

FEI Number: 92-0189213 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUGHLEY, SHIRLEY M
930 NW 55TH ST
MIAMI, FL 33127 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: D () Delete
Name: HUGHLEY, SHIRLEY M
Address: 930 NW 55TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: WILLIAMS, GLORIA J
Address: 7500 NW 4TH AVE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: LATIMORE, JACQUETTA R
Address: 7525 NW 4TH CT
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: WILLIAMS, ANTHONY L
Address: 1063 NW 75TH ST
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SHIRLEY M. HUGHLEY

RA

07/07/2006

Electronic Signature of Signing Officer or Director

Date