2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000001566

TI FILED
Aug 11, 2008
Secretary of State

Entity Name: PRAISE, POWER AND COMPASSION MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

201 MAIN ST
CRESTVIEW, FL 32536

294 NORTH MAIN STREET
CRESTVIEW, FL 32536

CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

P.O. BOX 2044 CRESTVIEW, FL 32536

FEI Number: 59-3721097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLEMAN, DARRELL
201 MAIN ST
CRESTVIEW, FL 32536 US

COLEMAN, DARRELL
294 NORTH MAIN ST
CRESTVIEW, FL 32536 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: 08/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: COLEMAN, DARRELL Name: COLEMAN, DARRELL

Address: 619 ALYSHEBA SRIVE Address: 619 ALYSHEBA DRIVE
City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete Title: () Change () Addition

 Name:
 BRADLEY, SAMUEL
 Name:

 Address:
 431 JILLIAN DRIVE
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MCGRIFF, ANTHONY
 Name:

 Address:
 1205 NORTHVIEW
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

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.

SIGNATURE: DARRELL COLEMAN D 08/11/2008