


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90333 041 ****70.00

DOCUMENT # N04000002039

1. Entity Name
 HIGHER PRAISE MINISTRIES OF LAKE WALES, INC.



Principal Place of Business
 126 SOUTH WETMORE
 LAKE WALES, FL 33853

Mailing Address
 2446 3RD STREET N.E.
 WINTER HAVEN, FL 33881

40072003



01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 86-1092919		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LONDON, HAROLD L. 2446 3RD STREET N.E. WINTER HAVEN, FL 33881				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, RALPH			NAME			
STREET ADDRESS	920 FLORIDA AVE			STREET ADDRESS			
CITY-ST-ZIP	DUNDEE, FL 33838			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, HERBERT			NAME			
STREET ADDRESS	406 AVENUE Y N.E.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEGGITT, GRANT			NAME	Gloria Lonton		
STREET ADDRESS	3339 CRANEY ST			STREET ADDRESS	2446 3rd St. N.E.		
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONDON, JULIA			NAME			
STREET ADDRESS	312 ULRICH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Harold L. Lonton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/06
 Daytime Phone # _____