

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002359

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** TEHILLAH PRAISE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

301 NW 52ND STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

820 NW 104 STREET  
MIAMI, FL 33150

**Current Mailing Address:**

301 NW 52ND STREET  
MIAMI, FL 33127

**New Mailing Address:**

820 NW 104 STREET  
MIAMI, FL 33150

FEI Number: 20-0841129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MC GEE, SADIRA A  
8935 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322 US

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

ROBINSON, ARVID G  
820 NW 104 STREET  
MIAMI, FL 33150 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: ARVID ROBINSON

04/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBINSON, ARVID G  
Address: 301 NW 52ND STREET  
City-St-Zip: MIAMI, FL 33127

Title: V ( ) Delete  
Name: ROBINSON, DONNA  
Address: 301 NW 52ND STREET  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CUMMINGS, MICHAEL R  
Address: 1925 NW 84 STREET  
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA ROBINSON

V

04/06/2005

Electronic Signature of Signing Officer or Director

Date