

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90439 012 ****70.00

DOCUMENT # N04000006416 1. Entity Name PEOPLE OF PRAISE WORSHIP CENTER INC.					
Principal Place of Business 106 E INTERLAKE BLVD LAKE PLACID, FL 33875				Mailing Address 4710 OAK CIRCLE SEBRING, FL 33875	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, GREGORY 4710 OAK CIRCLE SEBRING, FL 33875				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, GREGORY		NAME		
STREET ADDRESS	4710 OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	VCP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, TAMMY R		NAME		
STREET ADDRESS	4710 OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, CARL T		NAME	BARNES, CARL T.	
STREET ADDRESS	555 N STAR AVE		STREET ADDRESS	4141 EAST 15 th ST.	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	PANAMA CITY, FL 32404	
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: <i>Gregory Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-06 863-385-3765 <small>Date Daytime Phone #</small>		