## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # N05000006315 TABERNACLE OF PRAISE CHURCH INC



Principal Place of Business Mailing Address POOLING 5000 DANNY BOY CIRCLE PO BOX 608353 ORLANDO, FL 32860 ORLANDO, FL 32808 2. Principal Place of Business Suite, Apt. #, etc. 04242006 CR2E037 (11/05) Cha-NP City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WYNN, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) **5000 DANNY BOY CIRCLE** ORLANDO, FL 32808 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition WYNN, WILLIAM NAME NAME 5000 DANNY BOY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition WYNN DEZZARE NAME NAME 5000 DANNY BOY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME **BUCKLY, BETTY** NAME PO BOX 680767 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32868 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

05-01-2006 90476 017 \*\*\*\*70.00

CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Defete ☐ Channe ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP