2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # N05000010598 1. Entity Name 03-27-2006 90255 013 ****75.00 GARDENS OF PRAISE MINISTRY INC. Principal Place of Business Mailing Address 5264 LETHA ST ORLANDO FL 32811 5264 LETHA ST ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORNE, BERNADETTE Street Address (P.O. Box Number is Not Acceptable) 5264 LÉTHA ST ORLANDO FL 32811 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 FILE NOW: FEE IS \$61.25 Due By May 1, 2006 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be 1.3 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Addition ☐ Delete ☐ Change BRADLEY, JEANNIE 6119 MEDFORD COUNT HORNE, BERNADETTE NAME NAME 5264 LETHA ST STREET ADDRESS STREET ADDRESS Orlando, FL. 32808 ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STEVENS, MARVIS D. 1709 Michael Terrace BRADLEY, WAYNE NAME 5264 LETHA ST STREET ADDRESS STREET ADDRESS ORLAHOO, FLa. 32839 ORLANDO FL 32811 CITY-ST-7/P CITY-ST-ZIP Change Defete TITLE Addition HORNE, BERNADETTE WILSON, CORDARYL NAME NAME 5264 Letha St. Orlando, FL. 32811 STREET ADDRESS 5264 LETHA ST STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Спалое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE 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 Section 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: DELINATED HOUSE - BERNADETTE W. HORNE 3/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED