

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010598

FILED
Apr 17, 2008
Secretary of State

Entity Name: GARDENS OF PRAISE MINISTRY INC.

Current Principal Place of Business:

5264 LETHA ST
ORLANDO, FL 32811

New Principal Place of Business:

2300 SOUTH ORANGE BLOOSOM TRAIL
SUITE 4
ORLANDO, FL 32805

Current Mailing Address:

5264 LETHA ST
ORLANDO, FL 32811

New Mailing Address:

2300 SOUTH ORANGE BLOOSOM TRAIL
SUITE 4
ORLANDO, FL 32805

FEI Number: 13-4314445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORNE, BERNADETTE
5264 LETHA ST
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HORNE, BERNADETTE
Address: 5264 LETHA ST
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: WILSON, CORDARYL
Address: 5264 LETHA STREET
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: CHARLES, TEMPERANCE
Address: 5264 LETHA ST
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: ROUSE, LATONYA
Address: 2816 STERLING CHASE LANE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNADETTE HORNE

PTD

04/17/2008

Electronic Signature of Signing Officer or Director

Date