

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90426 035 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N05000010784</b><br>1. Entity Name<br><b>CONTINUOUS PRAISE OUTREACH MINISTRIES INC.</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>3701 APPALOOSA RD<br/>LAKE WALES, FL 33898</b>  |  |  | Mailing Address<br><b>3701 APPALOOSA RD<br/>LAKE WALES, FL 33898</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                            |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   |  | Country  |  | Zip   |  |
| Country   |  | Country  |  | 4. FEI Number<br><b>55-0906477</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEWELL, ARLEEN M<br/>3701 APPALOOSA RD<br/>LAKE WALES, FL 33898</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Arleen Sewell</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE <b>4/25/06</b> </div> </div> |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br><b>SEWELL, JARRED L SR.</b><br><b>3701 APPALOOSA RD</b><br><b>LAKE WALES, FL 33898</b> | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br><b>SEWELL, ARLEEN M</b><br><b>3701 APPALOOSA RD</b><br><b>LAKE WALES, FL 33898</b>     | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  |  |   |  |
| 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.  |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>James L. Sewell Sr. / Arleen Sewell</i> <b>4/25/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |  |

**50018140**



04252006 Chg-NP CR2E037 (11/05)