

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000886

FILED
Apr 15, 2009
Secretary of State

Entity Name: TEMPLE OF PRAISE, INC.

Current Principal Place of Business:

710 ENTERPRISE AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

710 ENTERPRISE AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-4180053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KELVIN
2703 ROYAL PALM DRIVE
EDGEWATER, FL 32141 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: P () Delete
Name: DAVIS, KELVIN
Address: 2703 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VP () Delete
Name: CARTER, BERNARD
Address: 2704 UMBRELLA TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: DEVAUX, SYLVIA
Address: 524 MARY AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: DEMPSEY, JOYCE
Address: 522 RONNOC LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, KELVIN E
Address: 2703 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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: KELVIN E. DAVIS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date