04-21-2008 90056 029 ****70.00
N06000001738

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 19 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001738

1. Entity Name
EVANGELICAL TABERNACLE OF PRAISE, INC.

Principal Place of Business	Mailing Address
417 N MASSACHUSETTS AVE LAKELAND, FL 33801 US	1844 FARRINGTON DR LAKELAND, FL 33809 US

04172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
417 N. Massachusetts Ave	P.O. Box 276
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33801-1703 Country: US	Zip: 33802 Country: US

4. FEI Number: 22-3921763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERRE, GERTRUDE 1844 FARRINGTON DR LAKELAND, FL 33809	Name: Gertrude Pierre Street Address (P.O. Box Number is Not Acceptable): 825 Harmony Hills Loop City: Lakeland FL Zip Code: 33805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERRE, BENISSE 1044 NORTH WALKER AVENUE LAKELAND, FL 33805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Pierre, Benisse 825 Harmony Hills Loop Lakeland, FL 33805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PIERRE, GERTRUDE 1044 NORTH WALKER AVENUE LAKELAND, FL 33805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President Pierre, Gertrude 825 Harmony Hills Loop Lakeland, FL 33805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CADET, MARK 1044 NORTH WALKER AVENUE LAKELAND, FL 33805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vpresident Petion, Evelyne 7476 Gramercy Dr. Orlando, FL 32818	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VALMY, ROSE 1403 KETTLE AVE, APT 205 LAKELAND, FL 33805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nerette, Odeline L 1044 N. Walker Ave Lakeland, FL 33805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NERETTE, ODELINE L 1844 FARRINGTON DR LAKELAND, FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cadet, Mark 219 S. Summit St Apopka, FL 32712	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Valmy, Rose 1403 Kettle Ave Apt 205 Lakeland, FL 33801	☑ Change ☐ Addition

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.

SIGNATURE: Benisse Pierre 4-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 5/19