2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002044

FILED Jun 16, 2008 Secretary of State

Entity Name: DESTINY PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: HIGHLY EXALTED PRAISE MINISTRIES, INC. 91 SERINITY LANE QUINCY, FL 32353 **New Mailing Address: Current Mailing Address:** NEW HEIGHTS COMMUNITY OUTREACH SERVICES DESTINY PRAISE AND WORSHIP CENTER P.O. BOX 238 P.O. BOX 426 QUINCY, FL 32353 MIDWAY, FL 32343 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER-COPELAND, ROSILYN 305 PONDEROSA CR. MIDWAY, FL 32343 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Delete (X) Change () Addition WALKER-COPELAND, ROSILYN Name: WALKER, ROSILYN Name: 305 PONDEROSA CR. Address: 305 PONDEROSA CR. Address: City-St-Zip: MIDWAY, FL 32343 City-St-Zip: MIDWAY, FL 32343 Title: () Delete Title: () Change () Addition HENRY, PATSY Name: Name: Address: 85 SLASH CIRCLE Address: City-St-Zip: MIDWAY, FL 32343 City-St-Zip: Title: () Delete Title: () Change () Addition DIXON, KATHERINE Name: Name: 136 HOLLEY CIR Address: Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JACKSON, WENDELL Name: Address: 31 MARTY ST Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, ANN Name: Name: 322 CONGO RD Address: Address: City-St-Zip: CHATTAHOOCHEE, FL 32324 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: ROSILYN D. WALKER PCEO 06/16/2008