2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N06000002044

Entity Name: DESTINY PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:

HIGHLY EXALTED PRAISE MINISTRIES, INC.
91 SERINITY LANE
QUINCY, FL 32353

New Principal Place of Business:

Current Mailing Address:

DESTINY PRAISE AND WORSHIP CENTER
P.O. BOX 426
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 01-0910928 **FEI Number Applied For ( )** **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:

WALKER-COPELAND, ROSILYN
305 PONDEROSA CR.
MIDWAY, FL 32343 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: PCEO ( ) Delete
Name: WALKER, ROSILYN
Address: 305 PONDEROSA CR.
City-St-Zip: MIDWAY, FL 32343

Title: S ( ) Delete
Name: HENRY, PATSY
Address: 85 SLASH CIRCLE
City-St-Zip: MIDWAY, FL 32343

Title: T ( ) Delete
Name: DIXON, KATHERINE
Address: 136 HOLLEY CIR
City-St-Zip: QUINCY, FL 32351

Title: T (X) Delete
Name: JACKSON, WENDELL
Address: 31 MARTY ST
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete
Name: RICHARDSON, ANN
Address: 322 CONGO RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: COPELAND, ROSILYN
Address: 305 PONDEROSA CR.
City-St-Zip: MIDWAY, FL 32343

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: ROSILYN D. COPELAND PCEO 05/04/2009
Electronic Signature of Signing Officer or Director — Date