

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004738

FILED
Aug 31, 2008
Secretary of State

Entity Name: WOMEN OF PRAISE, INC

Current Principal Place of Business:

2150 NORTHEAST 1ST AVENUE
POMPAN0 BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

2150 NORTHEAST 1ST AVENUE
POMPAN0 BEACH, FL 33060

New Mailing Address:

P.O. BOX 5921
LIGHTHOUSE POINT, FL 33074

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

JOSEPH, LAVERN
2150 NORTHEAST 1ST AVENUE
POMPAN0 BEACH, FL 33060 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: DP () Delete
Name: JOSEPH, LAVERN
Address: 2150 NORTHEAST 1ST AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: CEO () Delete
Name: JOSEPH, LAVERN
Address: 2150 NORTHEAST 1ST AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: EOVP () Delete
Name: JOSEPH, KESNEL
Address: 2150 NORTHEAST 1ST AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: VP () Delete
Name: WRIGHT, LEANETTA
Address: 19 NW 45TH AVE #107
City-St-Zip: DEERFIELD, FL 33442

Title: S () Delete
Name: MCINTOSH, DEBRA
Address: 2150 NORTHEAST 1ST AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: CT () Delete
Name: BROOKS, OSSIE M
Address: 519 NW 14TH AVENUE #C205
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP (X) Change () Addition
Name: WRIGHT, LEANETTA
Address: 19 NW 45TH AVE #105
City-St-Zip: DEERFIELD, FL 33442

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: LAVERN JOSEPH

CEO

08/31/2008

Electronic Signature of Signing Officer or Director

Date