

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-10-2008 90040 001 ****40.00
04-10-2008 90040 002 ****30.00

DOCUMENT # N07000004613					
1. Entity Name INSPIRATION PRAISE AND WORSHIP CENTER INC					
Principal Place of Business 1320 EAST AVENUE NORTH SARASOTA, FL 34237			Mailing Address PO BOX 1048 SARASOTA, FL 34230		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GLASCO, APRIL 1320 EAST AVENUE NORTH SARASOTA, FL 34237			7. Name and Address of New Registered Agent APRIL GLASCO 1320 EAST AVENUE NORTH SARASOTA, FL 34237		
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 <u><i>April Glasco</i></u> DATE <u>4/8/08</u>					
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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLASCO, APRIL		NAME		
STREET ADDRESS	618 N. ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JONES, DEREK		NAME		
STREET ADDRESS	PO BOX 3492		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLASCO, CHRISTOPHER		NAME		
STREET ADDRESS	PO BOX 1048		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROYAL, BEVERLY		NAME		
STREET ADDRESS	PO BOX 3492		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Kerryatta Howard (D)	☐ Change ☒ Addition
NAME	Kerryatta Howard		NAME	1933 Dr. M.L.K.	
STREET ADDRESS	1933 Dr. M.L.K.		STREET ADDRESS	Sarasota, FL 34230	
CITY-ST-ZIP	Sarasota, FL 34230		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	James Jones (D)	☐ Change ☒ Addition
NAME	James Jones		NAME	P.O. Box 1048	
STREET ADDRESS			STREET ADDRESS	Sarasota, FL 34230	
CITY-ST-ZIP			CITY-ST-ZIP		
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 the empowered.					
SIGNATURE: <u><i>April Glasco</i></u> DATE: <u>4/8/08</u>					