

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004613

FILED
Apr 20, 2009
Secretary of State

Entity Name: INSPIRATION PRAISE AND WORSHIP CENTER INC

Current Principal Place of Business:

1320 EAST AVENUE NORTH
SARASOTA, FL 34237

New Principal Place of Business:

1324 EAST AVE
SARASOTA, FL 34237

Current Mailing Address:

PO BOX 1048
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 26-1323124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLASER, APRIL
1324 E AVE WORTH
SARASOTA, FL 34237 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: PD () Delete
Name: GLASCO, APRIL
Address: 618 N. ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: JONES, DEREK
Address: PO BOX 3492
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: GLASCO, CHRISTOPHER
Address: PO BOX 1048
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: ROYAL, BEVERLY
Address: PO BOX 3492
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: HOWARD, KENYATTA
Address: 1933 DR RICK JRULY
City-St-Zip: SARASOTA, FL 34230

Title: D (X) Delete
Name: JONES, JAMES
Address: PO BOX 1048
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAPPS, SHERRIN
Address: PO BOX 1048
City-St-Zip: SARASOTA, FL 34230

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONE, JAMES
Address: PO BOX 1048
City-St-Zip: SARASOTA, FL 34230

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: APRIL GLASCO

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date