2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005000

FILED Feb 11, 2008 Secretary of State

Entity Name: WORLD PRAISE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

4271 RALEIGH WAY TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 14676 TALLAHASSEE, FL 32317

FEI Number: 56-2661486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRELL, CHRISTINA R 4271 RALEIGH WAY TALLAHASSEE, FL 32311 US

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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HARRELL, DEXTER L
 Name:
 HARRELL, DEXTER L

 Address:
 4271 RALEIGH WAY
 Address:
 4271 RALEIGH WAY

 City-St-Zip:
 TALLAHASSEE, FL 32311
 TALLAHASSEE, FL 32311

Title: D () Delete Title: VD (X) Change () Addition Name: HARRELL, CHRISTINA R Name: HARRELL, CHRISTINA R

Address: 4271 RALEIGH WAY
Address: 4271 RALEIGH WAY
City-St-Zip: TALLAHASSEE, FL 32311
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete Title: () Change () Addition

 Name:
 COLLINS, TARA V
 Name:

 Address:
 1987 NICKLAUS DRIVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 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: DEXTER L. HARRELL PD 02/11/2008