

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005000

FILED
May 01, 2009
Secretary of State

Entity Name: WORLD PRAISE CHURCH INTERNATIONAL, INC.

Current Principal Place of Business:

4271 RALEIGH WAY
TALLAHASSEE, FL 32311

New Principal Place of Business:

NORTH POINTE CENTER
1606-C CRAWFORDVILLE HYW.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

POST OFFICE BOX 14676
TALLAHASSEE, FL 32317

New Mailing Address:

POST OFFICE BOX 935
CRAWFORDVILLE, FL 32326

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

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

Name and Address of New Registered Agent:

HARRELL, CHRISTINA R
1606-C CRAWFORDVILLE HYW
CRAWFORDVILLE, FL 32327 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: CHRISTINA R HARRELL

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRELL, DEXTER L
Address: 4271 RALEIGH WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD () Delete
Name: HARRELL, CHRISTINA R
Address: 4271 RALEIGH WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: COLLINS, TARA V
Address: 1987 NICKLAUS DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRELL, DEXTER L
Address: 251 REVELL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD (X) Change () Addition
Name: HARRELL, CHRISTINA R
Address: 251 REVELL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: COLLINS, TARA V
Address: 3603 ABERDEEN WAY
City-St-Zip: DOUGLASVILLE, GA 30135

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

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date