

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 026 ****61.25



DOCUMENT # N07000006412

1. Entity Name
PRAISE THE LORD MINISTRIES, INC.

Principal Place of Business: **104 BEECH STREET LIVE OAK FL 32064**
 Mailing Address: **104 BEECH STREET LIVE OAK FL 32064**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #
 State, Apt. #, etc

3. Mailing Address
 State, Apt. #, etc

City & State

4. FEI Number: **56-2611874**
 Applied For: Not Applicable:

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SIMPSON, LINDA
 104 BEECH STREET
 LIVE OAK FL 32064**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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 _____ DATE _____

**FILE NOW: 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

TYPE: D	NAME: SIMPSON, LINDA	STREET ADDRESS: 104 BEECH STREET	CITY-ST-ZIP: LIVE OAK FL 32064	<input type="checkbox"/> Delete
TYPE: D	NAME: LOPER, CAROLYN M	STREET ADDRESS: 104 BEECH STREET	CITY-ST-ZIP: LIVE OAK FL 32064	<input checked="" type="checkbox"/> Delete
TYPE: D	NAME: SELLERS, DELORES	STREET ADDRESS: 104 BEECH STREET	CITY-ST-ZIP: LIVE OAK FL 32064	<input checked="" type="checkbox"/> Delete
TYPE: D	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TYPE: D	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TYPE: D	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TYPE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TYPE:	NAME: Secretary Yolanda Rollins	STREET ADDRESS: 104 Beech Street NE	CITY-ST-ZIP: Live Oak, FL 32064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TYPE:	NAME: Treasurer Ronnie Rollins	STREET ADDRESS: 104 Beech Street NE	CITY-ST-ZIP: Live Oak, FL 32064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TYPE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TYPE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TYPE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

Linda Simpson Director 1/28/08