

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007897

FILED  
Jul 11, 2008  
Secretary of State

**Entity Name:** PRAISE WORLD CENTER OF OCALA, INC.

**Current Principal Place of Business:**

4597 SW 103RD ST. RD.  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770791  
OCALA, FL 344770791

**New Mailing Address:**

FEI Number: 26-0784711      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:**

SEUIS, DAVID E  
4597 SW 103RD ST. RD.  
OCALA, FL 34476      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: D      ( ) Delete  
Name: MILLER, CHARLES T  
Address: 2957 NE 90TH ST.. RD.  
City-St-Zip: ANTHONY, FL 32617

Title: D      ( ) Delete  
Name: LONG, BENJAMIN  
Address: 561 NE 37TH PL.  
City-St-Zip: OCALA, FL 34479

Title: D      ( ) Delete  
Name: LONG, DANIEL JR.  
Address: 3800 NE 25TH AVE.  
City-St-Zip: OCALA, FL 34479

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CHARLES T. MILLER

DIR

07/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date