2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004744

FILED Apr 30, 2009 Secretary of State

Entity Name: PRISON TO PRAISE OUTREACH MINISTRY INC

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

1060 GOLFVIEW AVE 1060 GOLFVIEW AVE 60

BARTOW, FL 33830

BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

1060 GOLFVIEW AVE

60

BARTOW, FL 33830 BARTOW, FL 33830

FEI Number: 74-3225237 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:

DRAYTON, PAULA
1060 GOLFVIEW AVE
57
BARTOW, FL 33830 US

DRAYTON, PAULA
1060 GOLFVIEW AVE
60
BARTOW, FL 33830 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: PAULA DRAYTON 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DRAYTON, PAULA Name: DRAYTON, PAULA

 Name:
 DRAYTON, PAULA
 Name:
 DRAYTON, PAULA

 Address:
 1060 GOLFVIEW AVE 57
 Address:
 1060 GOLFVIEW AVE 60

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 BARTOW, FL 33830

Title: VP () Delete Title: () Change () Addition

 Name:
 RICHARDSON, DEBORAH
 Name:

 Address:
 2513 WOODLAWN RD
 Address:

 City-St-Zip:
 LAKELAND, FL 33801
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 WILLIAMS, VERNETTA
 Name:

 Address:
 895 EAST BLVD
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 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: PAULA DRAYTON P 04/30/2009