2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE: 3

## **FILED** Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # N10120 1. Entity Name GOD'S CHURCH OF PRAISE, INCORPORATED Principal Place of Business Mailing Address C/O THEARTIS DAWSON 2455 SANTANA AVENUE ORLANDO FL 32811 C/O THEARTIS DAWSON 2455 SANTANA AVENUE ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2949938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, THEARTIS Street Address (P.O. Box Number is Not Acceptable) 2455 SANTANA AVENUE ORLANDO FL 32811 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PĎ THILE ☐ Delete TITLE ☐ Change Addition DAWSON, THEARTIS NAME NAME 2455 SANTANA AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL. CITY-ST-7IP CITY-ST-ZIP SD Delete [7] Change Addition TITLE TiTic ORRIS, JOHN HENRY NAMÉ MAME U00000237717 04/11/05-80039-008 61.25 817 EAST SOUTH STREET STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST- ZIP CITY-ST-ZIP VĎ ☐ Delete πιε Change Addition THE MCKINNEY, ROOSEVELT L. NAME 1126 DEWEY AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST - ZIP CHY-SI-ZIP Delete mr Change Addition TOTALE NAME NAMi STREET ADDRESS STREET ADDRESS CHY-ST-2IP CHY-ST-ZIP Addition tm € 🗖 Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7<sub>E</sub>P CHY-ST-71P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.