


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N12878 1. Entity Name PRAISE AND WORSHIP MINISTRIES, INC.	
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Principal Place of Business C/O HERBERT E. MARTIN 1030 SHADY LANE BARTOW, FL 33830	Mailing Address C/O HERBERT E. MARTIN 1030 SHADY LANE BARTOW, FL 33830
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2668730	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, HERBERT E. 1030 SHADY LANE BARTOW, FL 33830	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JEANETTE 1030 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, HERBERT E. 1030 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CHARLOTTE 1901 LAKE BUFFUM RD W FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLES, RUBY M 7226 THOMAS JEFFERSON CIRCLE W. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWBERRY, NANCY E 930 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80048-010 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Ruby M. Noles* Ruby M. Noles 1-06-05 863-537-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #