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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

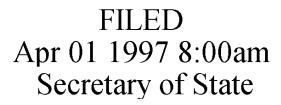
DOCUMENT #

(8)

PRAISE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address





2480 EAST NINE MILE RD PENSACOLA FL 32514			2480 EAST NINE MILE RD PENSACOLA FL 92514-7775					
					3. Date Incorporated or Qualified 06/27/1989	3a. Date of 05 /	Last Rep 01/199	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEt Number Applie		lied For	
អ.		26					Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	City & State	¬ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip			Country 8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Florida Statutes Yes No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agen	1	
			8	1 Name				
SPIVEY, LOUIS E.				2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	risty Dr		يا					
PENSAC	OLA FL 32504		*	3				
			Ē	4 City		FL 85	Zip C	ode
11 Purcuant b	n the provisions of Sections 617 (1502 and 617 1508 Florida St	atutes the ehr	ve-named co	propation submits this statement for the p		nging its	registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change w	as authorized	by the corpor	ration's board of directors. I hereby accep	ot the appointn	hent as r	egistered
SIGNATURE _			···					
	Signature, typed or printed name of registered	agent and title if applicable AND DIRECTORS	(NOTE: Registered /	gent signature req	gulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	FOTODO	1N 12
12.	D OFFICERS.	DELETE		: 1	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	SPIVEY, LOUIS E.		1.2 NAW	į			o, marigo	Last Fiction (Fig.)
STREET ADDRESS	4740 CHRISTY DR			ET ADDRESS				
	PENSACOLA FL			-ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE	2.1 T(T)				Change	Addition
NAME	MCGAHAN, DAVE A		2.2 NAM					
STREET ADDRESS	220 E ETTA ST			ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		1	(-ST-ZIP				
TITLE	n	DELETE					Change	Addition
NAME	GILLIARD, CHARLES G.		3.2 NAM	ε			•	
STREET ADDRESS	6450 BARRINEAU LANE		3.3 STR	ET ADDRESS				
CITY-ST-ZIP	MOLINO FL			/-ST-ZIP				
TITLE		DELETE					Change	Addition
NAME			4. 2 NA	AE .				
STREE1 ADDRESS			4.3 STR	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	5.1 TATL				Change	Addition
NAME			5.2 NAM	f [
STREET ADDRESS			5.3 STR	EET ADDRESS				
City-St-ZIP	···			-ST-ZIP				
TITLE		☐ DELETE	6.1 TIFL	E [Change	Addition
NAME			6.2 NAN	E				
STREET ADDRESS			6.3 STR	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP	and in Sention 110 07/3Vi). Florida Statuta			

I have the same information of supplied with this inling does not quality for the exemption stated in Section 118.07(3)(i), Provide Statutes. Further certifying the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.