FILE NOW: FILING FEE IS \$61.25

NONPROFIT

SIGNATURE:

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N33012 (8)PRAISE FELLOWSHIP, INC. Principal Place of Business Mailing Address 2480 EAST NINE MILE RD 2480 EAST NINE MILE RD 3. Date Incorporated or Qualified PENSACOLA FL 32514 PENSACOLA FL 32514 06/27/1989 4. FEI Number Applied For 59-2956719 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Žιρ Country 8. This corporation owes or has paid the current year Intangible Yes_ 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SPIVEY, LOUIS E. 82 Street Address (P.O. Box Number is Not Acceptable) 4740 CHRISTY DR 83 PENSACOLA FL 32504 64 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change X Addition 1 1 TITLE TITLE SPIVEY, LOUIS E. Gay, William J. NAME 12 NAME 4740 CHRISTY DR 2185 Klinger St. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL Pensacola, F1. 32514-6040 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MCGAHAN, DAVE A 2.2 NAME NAME 220 E ETTA ST 2.3 STREET ADORESS STREET ADORESS PENSACOLA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE GILLIARD, CHARLES G. 3.2 NAME NAME 6450 BARRINEAU LANE STREET ADDRESS 3.3 STREET ADDRESS MOLINO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY-ST-ZIP DELETE Chance Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City - St - ZiF DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. 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 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 receivor 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.

Louis E. Spivey

FLORIDA DEPARTMENT OF STATE

FILED

4-18-98 (850)476. 9293