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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40310

1. Corporation Name
THE WAY, THE TRUTH AND THE LIFE CHURCH OF PRAISE, INC.

Principal Place of Business 4006 NW 167TH ST OPA LOCKA FL 33054 US	Mailing Address 3402 NW 176TH TERRACE MIAMI FL 33056 US
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2. Principal Place of Business 21 5890 NW 12th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 3402 NW 176 Terr Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/14/1990
22	27	4. FEI Number 65-0125553 Applied For <input type="checkbox"/> Not Applicable
23 MIAMI, FL City & State	28 MIAMI, FL City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33147 Zip 25 Dade Country	29 33056 Zip 30 Dade Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEAN, PRISCILLA
3402 NW 176TH TERRACE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name **DEAN, PRISCILLA**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **3402 NW 176 Terr**
 84 City **MIAMI** FL 85 Zip Code **33056**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, RUBY	
STREET ADDRESS	3402 NW 176TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	QUARLES, THOMAS	
STREET ADDRESS	2350 NW 191ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STT	<input type="checkbox"/> DELETE
NAME	DEAN, PRISCILLA	
STREET ADDRESS	3402 NW 176 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLOSTER, ALTHEA	
STREET ADDRESS	1365 N.W. 30TH ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVENPORT, RUBY	
1.3 STREET ADDRESS	3402 NW 176th Terr.	
1.4 CITY-ST-ZIP	MIAMI, FL 33056	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	QUARLES, THOMAS	
2.3 STREET ADDRESS	1011 NW 185th Drive	
2.4 CITY-ST-ZIP	MIAMI, FL 33169	
3.1 TITLE	STT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEAN, PRISCILLA	
3.3 STREET ADDRESS	3402 NW 176 Terr	
3.4 CITY-ST-ZIP	MIAMI, FL 33056	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gloster, Althea	
4.3 STREET ADDRESS	1365 N.W. 30th St.	
4.4 CITY-ST-ZIP	N. MIAMI, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 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, with all other like empowered.

SIGNATURE: *Priscilla Dean* SIGNATURE REQUIRED *3115199* (305) 635-7088
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2F037 (11/98)