

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90224 040 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40622					
1. Corporation Name WORSHIP AND PRAISE CENTER, INC./ CENTRO DE ADORACION Y ALABANZA					
Principal Place of Business P O BOX 592095 1743 BENTWAY COURT ORLANDO FL 32809 US			Mailing Address P O BOX 592095 ORLANDO FL 32809 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3055781	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
COLON, RAYMOND 1743 BENTWAY COURT ORLANDO, FL 32818			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	COLON, RAYMOND			1.2 NAME			
STREET ADDRESS	1743 BENT WAY COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	DV	☐ DELETE		2.1 TITLE	☒ Change	☐ Addition	
NAME	COLON, ELIZABETH			2.2 NAME			
STREET ADDRESS	1743 BENT WAY COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	DST	☐ DELETE		3.1 TITLE	☒ Change	☐ Addition	
NAME	VELAZQUEZ, FEDERICO			3.2 NAME			
STREET ADDRESS	5226 VIA HACIENDA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	RAMOS, RAMON			4.2 NAME			
STREET ADDRESS	135 COOPER COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☒ Change	☐ Addition	
NAME	ORTIZ, ORLANDO			5.2 NAME			
STREET ADDRESS	3943 PINTAIL COURT			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Elizabeth Colon* 3/26/99 407-293-9669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018721

CR2E037 (11/98)