

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N40622 1. Entity Name WORSHIP AND PRAISE CENTER, INC./ CENTRO DE ADORACION Y ALABANZA	
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Principal Place of Business 800 W OAKRIDGE ROAD ORLANDO, FL 32809 US	Mailing Address P O BOX 592095 ORLANDO, FL 32809 US
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01242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3055781	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLON, RAYMOND 5016 DUBAN AVE ORLANDO, FL 32812
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**DO NOT WRITE
IN THIS SPACE**

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 <u>Elizabeth Colon</u> <u>Elizabeth Colon</u> <u>4/20/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLON, RAYMOND 5016 DUBAN AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORTIZ, ORLANDO 8818 REPARTO AVE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLON, ELIZABETH 5016 DUBAN AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDEBOL, ARLENE 6572 MERITMOOR CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCE, ANGEL 1317 TIMBERBEND CIRCLE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Elizabeth Colon</u> <u>Elizabeth Colon</u> <u>407-854-5788</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #