

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43127**

1. Entity Name  
**PRAISE AND WORSHIP CENTER, INC.**



Principal Place of Business  
**PO BOX 1462  
HAWTHORNE, FL 32640**

Mailing Address  
**PO BOX 1462  
HAWTHORNE, FL 32640**



05032005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3063039**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JOHNSON, RUBBIN JOYCE  
705 MW 3RD AVENUE  
PO BOX 1462  
HAWTHORNE, FL 32640**

**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 Rubbin Joyce Johnson Rubbin Joyce Johnson 5/5/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JOHNSON, RUBBIN JOYCE
STREET ADDRESS	21416 SE 65TH AVE
CITY - ST - ZIP	HAWTHORNE, FL
TITLE	D
NAME	JOHNSON, ALTA S.
STREET ADDRESS	5424 SO 301 HWY
CITY - ST - ZIP	HAWTHORNE, FL
TITLE	D
NAME	BENNETT, CLEVETTE
STREET ADDRESS	2804 N.E. 19TH ST.
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000364474  
05/06/05-80043-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: Rubbin Joyce Johnson Rubbin Joyce Johnson 5/5/05 352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 481-2064