


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90014 001 ****50.00
09-12-2007 90014 002 ****11.25

DOCUMENT # N43127 1. Entity Name PRAISE AND WORSHIP CENTER, INC.	
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Principal Place of Business PO BOX 1462 HAWTHORNE, FL 32640	Mailing Address PO BOX 1462 HAWTHORNE, FL 32640
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DO NOT WRITE IN THIS SPACE

06042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3063039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 *[Signature]* DATE 8/31/07

Signature, typed or printed name of registered agent and fee if applicable. (Not required if agent signature required when registering)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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: *[Signature]* 8/31/07 352-481-4761

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66021946

N43127

Please change this address

Bennett Chisholm, Clevette

P.O. Box 2566 or 21416 S.E. 65th Ave

Hawthorne, FL 32640