

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001425

FILED  
Mar 08, 2007  
Secretary of State

**Entity Name:** SACRIFICE OF PRAISE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

17230 NW 33RD COURT  
OPA LOCKA, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

17230 NW 33RD COURT  
OPA LOCKA, FL 33056 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TATE, YVONNE M  
17230 NW 33RD COURT  
OPA LOCKA, FL 33056 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TATE, YVONNE M  
Address: 17230 NW 33RD COURT  
City-St-Zip: OPA LOCKA, FL 33056 US

Title: VD ( ) Delete  
Name: TATE, BERYL SABRINA  
Address: 17230 NW 33RD CT.  
City-St-Zip: OPA LOCKA, FL 33056 US

Title: TS ( ) Delete  
Name: MILTON, DOROTHY  
Address: 3500 NW 172 TERR  
City-St-Zip: MIAMI, FL 33055 US

Title: D ( ) Delete  
Name: RILEY, TOMIKA  
Address: 365 CIRCLE RD.  
City-St-Zip: DACULA, GA 30019 US

Title: D ( ) Delete  
Name: RILEY, MARC  
Address: 365 CIRCLE RD.  
City-St-Zip: DACULA, GA 30019 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE M. TATE

PD

03/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date