

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000999
1. Corporation Name
MINISTRY OF PRAISE S U B. A., INC

Principal Place of Business Mailing Address
2914 GIMLI LN P.O. Box 180183
CASSELBERRY, FL CASSELBERRY, FL.
32707 32718-0183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified FEB. 24, 1994 3s. Date of Last Report

4. FEI Number Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

JUAN COLON MUÑOZ
2914 GIMLI LN
CASSELBERRY, FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Juan Colon Munoz* JUAN COLON-MUNOZ, REV. DR 6-11-95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME IRIS VELAZ Pardo
STREET ADDRESS 6036 JIBWAY CT
CITY - ST - ZIP ORLANDO, FL 32807

TITLE D
NAME ZAIDA B. MEJIAS
STREET ADDRESS 1917 BELAIR AVE.
CITY - ST - ZIP ORLANDO, FL 32812

TITLE D
NAME JUAN M. LINARES
STREET ADDRESS 420 W. OAKRIDGE RD., APT. 107
CITY - ST - ZIP ORLANDO, FL 32809

TITLE D
NAME MAYRA C. NIGLES
STREET ADDRESS 1630 GADSDEN BLVD.
CITY - ST - ZIP ORLANDO, FL 32812

TITLE D
NAME CARLOS M. TORRES
STREET ADDRESS 707B WYMAN CT
CITY - ST - ZIP ORLANDO, FL 32809

TITLE D
NAME CARMEN G. TIRADO
STREET ADDRESS 2914 GIMLI LN
CITY - ST - ZIP CASSELBERRY, FL 32707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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****138.75 ****138.75

4/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Juan Colon Munoz* JUAN COLON MUNOZ 4/20/95 407 699-9454
Signature and typed or printed name of signing officer or director Date