

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000999 (2)

1. Corporation Name

MINISTRY OF PRAISE S.U.B.A., INC.



Principal Place of Business

Mailing Address

2914 GIMLI LANE  
CASSELBERRY FL 32707

P.O. BOX 180183  
CASSELBERRY FL 32718-0183

3. Date Incorporated or Qualified  
02/24/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLON-MUNOZ, JUAN  
2914 GIMLI LANE  
CASSELBERRY FL 32707

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME PARDO, IRIS V  
STREET ADDRESS 6036 JIBWAY CT  
CITY-ST-ZIP ORLANDO FL 32807

1.1 TITLE D  Change  Addition  
1.2 NAME MONTANEZ, MARCOS  
1.3 STREET ADDRESS 1158 LOMBARDY DR  
1.4 CITY-ST-ZIP DELTONA, FL 32735

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE D  Change  Addition  
3.2 NAME SARMIENTO, EUGENIO  
3.3 STREET ADDRESS 149-D SPRINGWOOD CR.  
3.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D  DELETE  
NAME NIEVES, MAYRA C  
STREET ADDRESS 1630 GADSEN BLVD  
CITY-ST-ZIP ORLANDO FL 32812

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE D  Change  Addition  
5.2 NAME NIEVES FELIPE  
5.3 STREET ADDRESS 1630 GADSEN BLVD.  
5.4 CITY-ST-ZIP ORLANDO, FL 32812

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

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1996 (407) 699-9954

Date

Daytime Phone #

CR2E037 (12/95)