## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9400000999 (2) 1. Corporation Name

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

MINAGOT	TO THABE GODA, IN				
Principal Place	of Business	Mailing Address		\$ (685)(4) B18 (8)(1 \$181) 881	#\$(16 ##11) ##11) ##11 ##11#    #11 ##1
2914 GIMLI LANE P.O. BOX 180183 CASSELBERRY FL 32707 CASSELBERRY FL 32		8-0183			
				<ol> <li>Date Incorporated or Qual 02/24/1994</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address		4. FEI Number NOT APPLICABI	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	ed   \$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financ     Trust Fund Contribution	ing \$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	Country 30	This corporation has liability     Florida Statutes	ty for intangible tax under s. 199.032,
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		10. Name and Address of N	lew Registered Agent
			<b>81</b> Na	ime	
	MUNOZ, JUAN		<b>82</b> Str	reet Address (P.O. Box Number is Not Acc	eptable)
2914 GIMLI LANE CASSELBERRY FL 32707			83		
			<b>84</b> Cit	у	FL 85 Zip Code
or registere familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authoriz	ed by the corporation	ed corporation submits this statement for the on's board of directors. I hereby accept the	ne purpose of changing its registered office e appointment as registered agent. I am
SIGNATURE _	Signature typed or printed name of registered agent	and tile if applicable (NC	OTE: Registered Agent signa	afure required when reinstaling)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D	Change 🔲 Addition
NAME	PARDO, IRIS V		1.2 NAME	MONTANEZ, MARCA	2
STREET ADDRESS	6036 JIBWAY CT		1.3 STREET ADDR	MONTANEZ, MARCAS 1158 LOMBARDY D DELTONA, FL 3	K
CITY - ST - ZIP	ORLANDO FL 32807	Clock Et/	14 CITY-ST-ZIP	DELTOWA, FL 3=	J. / J. J
TITLE	D	DEFELE	2 1 TIFLE		Change
NAME	MEJIAS, ZAIDA B		2 2 NAME		
STREET ADDRESS	1917 BELAIR AVE		2 3 STREET ADDR		
CITY-ST-ZIP TITLE	ORLANDO FL 32812 D	DELETE	2 4 CHTY-ST-ZIP 3 1 THTLE	7	Change
NAME	LINARES, JUAN M	<b>74</b>	3.2 NAME	SO CHIENTEL EUGE	Nia
STREET ADDRESS	420 W OAKRIDGE RD, APT 1	07	3 3 STREET ADOR	SARMIENTO, EUGER SARMIENTO, EUGER 149-D SARINGWOOD LONGWOOD, FL 3	D CR =
CITY - ST - ZIP	ORLANDO FL 32809	•	3.4. CITY - ST - ZIP	LONGWOOD, FC 3.	4750
TITLE	D	□DELĒTE	4.1 TITLE		☐ Change ☐ Addition
NAME	NIEVES, MAYRA C		4. 2 NAME		
STREET ADDRESS	1630 GADSEN BLVD		4.3 STREET ADDR	ESS	
CITY - ST - ZIP	ORLANDO FL 32812		4.4 CITY - ST - ZIP		
TITLE	D	<b>∏</b> DELETE	5.1 TITLE	<i>D</i>	Change 🔲 Addition
NAME	TORRES, CARLOS M		5.2 NAME	NIEVES, FELIPE 1630 GADSON BLU ORLDNDO, FC	<b>N</b>
STREET ADDRESS	707 B WYMAN CT		5.3 STREET ADDR	ESS 1630 GADS CAN BLU	υ. Σνανν
CITY-ST-ZIP	ORLANDO FL 32809	DELETE	5.4 CITY - ST - ZIP	DRIANDO, FC 3	SJ <b>G</b> 13. ☐ Change ☐ Addition
TITLE	D TIDADO CADMENIO		6.1 TITLE		Change C Addition
NAME	TIRADO, CARMEN G 2914 GIMLI LN		6.2 NAME 6.3 STREET ADDR	250	
STREET ADDRESS	CASSELBERRY FL 32707				
CITY-ST-ZIP 14. i do hereb	y certify that the information supplied	with this filing is voluntarily furn	6 4 CHY-ST-ZIP nished and does not	t qualify for the exemption stated in Section	n 119.07(3)(k), Florida Statutes. I further
certify that oath; that	the information indicated on this annu	ual report or supplemental and pration or the receiver or truste	nual report is true an se empowered to ex	nd accurate and that my signature shall have secute this report as required by Chapter 6	ve the same legal effect as if made under

SIGNATURE:

SUPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8, 1996 (407) Oale Daybrid Phone #