

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000999 (2)**  
1. Corporation Name  
**MINISTRY OF PRAISE S.U.B.A., INC.**



Principal Place of Business <b>2914 GIMLI LANE CASSELBERRY FL 32707</b>	Mailing Address <b>P.O. BOX 180183 CASSELBERRY FL 32718-0183</b>
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3. Date Incorporated or Qualified <b>02/24/1994</b>	3a. Date of Last Report <b>03/13/1996</b>
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21. Principal Place of Business <b>1110 MEADOWS LK WAY</b>	2a. Mailing Address <b>1110 MEADOWS LK WAY # 112</b>
22. Suite, Apt #, etc. <b>APT. 112</b>	27. Suite, Apt #, etc.
23. City & State <b>WINTER SPRINGS</b>	28. City & State
24. Zip <b>32708</b>	25. Country <b>USA</b>
	29. Zip
	30. Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COLON-MUNOZ, JUAN**  
**2914 GIMLI LANE**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name	<b>JUAN COLON-MUNOZ</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>1110 MEADOWS LK WAY # 112</b>
83.	
84. City	<b>WINTER SPRINGS FL</b>
85. Zip Code	<b>32708</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONTANEZ, MARCOS</b>	1.2 NAME	<b>COLON-MUNOZ, JUAN</b>
STREET ADDRESS	<b>1158 LOMBARDY DRIVE</b>	1.3 STREET ADDRESS	<b>1110 MEADOWS LK WAY # 112</b>
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEJIAS, ZAIDA B</b>	2.2 NAME	<b>COLON, GLADYS</b>
STREET ADDRESS	<b>1917 BELAIR AVE</b>	2.3 STREET ADDRESS	<b>1110 MEADOWS LK WAY # 112</b>
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	2.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARMIENTO, EUGENIO</b>	3.2 NAME	
STREET ADDRESS	<b>149-D SPRINGWOOD CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIEVES, MAYRA C</b>	4.2 NAME	
STREET ADDRESS	<b>1630 GADSEN BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIEVES, FELIPE</b>	5.2 NAME	
STREET ADDRESS	<b>1630 GADSEN BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIRADO, CARMEN G</b>	6.2 NAME	<b>TIRADO, CARMEN G.</b>
STREET ADDRESS	<b>2914 GIMLI LN</b>	6.3 STREET ADDRESS	<b>1110 MEADOWS LK WAY # 112</b>
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	6.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 2-2-97 407 699-6741

CR2E037 (9/96)