FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500000626 (0)

GENERATIONS UNITED IN PRAISE, INC.

Principal Place of Business

Mailing Address

1601 E. ALABAMA ST, APT 507 PLANT CITY FL 33566 1601 E. ALABAMA ST. APT 507 PLANT CITY FL 33566-6242 FILED Apr 30 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

					UZ U1 1880	98/13/8	2/43/1696
2. Principal P	ace of Business	2a. Mailing Address	- IAP	<i>9</i> +	4. FEI Number 59-3298491		Applied For
21 /60/	E HlaDama H. 301	28 160/ E HUDA	Ma_27.50	01	08'028048 I		Not Applicable
Suite, Apt.	1+ City Fl	27 Plant Cit	yFl.	i	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	1		6. Election Campaign Financing		\$5.00 May Be
23 ろろ	566	28 33566			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29 3	0		Florida Statutes		- No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
101 Name Lency, Bessie 5							
HENRY, BESSIE J				et Address (P.O. Box Number is Not Acceptable)			
1601 E. ALABAMA ST, APT 507				160/ E. Alabama St. APT 501			
PLANT CITY FL 33566				nl	City Fl		33566
84 C					- 1/0 (1		85 Zip Code
Ylant City FL 33866							
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							
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 Bessie 5. Henry, Thesident 4-16-1997							
12.	Signature, typed or printed name of registered agent. OFFICERS AND		Registered Agent signature :	required v	rnen reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TITLE	0/1)		Change Addition
NAME	HENRY, BESSIE J		1.2 NAME	12/2	SIP T. HONEY		
STREET ADDRESS	1601 E. ALABAMA STREET #50)7	1.3 STREET ADDRESS	100	E Alabama	st#5	01
CITY-ST-ZIP	PLANT CITY FL 33566	•	1.4 CITY-ST-ZIP	SIL		33566	
TITLE	C/D	DELETE	2.1 TITLE	1			-Change Addition
NAME	POLK, REV. RICKY		2.2 NAME	Oni	k Rev. Ricky		
STREET ADDRESS	704 W. RENFRO STREET		2.3 STREET ADDRESS	512		sad	
CITY-ST-ZIP	PLANT CITY FL 33566		2. 4 CITY-ST-ZIP	Pia		33	567
TITLE	CC/D	DELETE	3.1 TITLE	-			Change Addition
NAME	DIXON, BRO. ANDREW		3.2 NAME				
STREET ADDRESS	709 SOUTH MARSHALL STREE	T	3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33566		3.4. CITY-ST-ZIP				
TITLE	T	DELETE	4.1 TITEE	7			Change Addition
NAME	THOMAS, ELDER CHARLES	*	4. 2 NAME *	the	mas, Elder Cl	aeles	
STREET ADDRESS	14800 12TH STREET		4.3 STREET ADDRESS	144	80012th 5tee	-e+	
CITY-ST-ZIP	PLANT CITY FL 33525		4.4 CITY - ST - ZIP	\mathcal{D}	ade city, -	1. 3.	552-5
THILE	T DATE DE DE DE DE DE L	☐ DELETE	5.1 TITLE	Ş,	ا المامية	, ,	Change Addition
NAME	GUION, DEC. ROBERT L	•		6W	endolyn Faye t	tinson	n ı l
STREET ADDRESS	712 SOUTH FRANKLIN STREET	•	5.3 SYREET ADDRESS	1431	4 12 W 14154V	ወ ደ ለለ	Street
CITY-ST-ZIP	PLANT CITY FL 33566	DELETE		10	nf city, Fl.	33564	Change Addition
TITLE	ANDEDOOM LADDY	T) DEFEIG	6.1 TITLE		•	•	Cusula Paydarion
NAME	ANDERSON, LARRY 614 W. 8TH STREET		6.2 NAME	ļ			
STREET ADDRESS	LAKELAND FL 33805-4328		6.3 STREET ADDRESS				İ
City-St-ZiP		with this filing does not qualify	6.4 City-St-ZiP for the exemption st	stated in	Section 119.07(3)(i). Florida Statu	ites. jurther	certify that the
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.							