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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000626 (0)**

1. Corporation Name

GENERATIONS UNITED IN PRAISE, INC.



Principal Place of Business 1601 E. ALABAMA ST. APT 501 PLANT CITY FL 33566	Mailing Address 1601 E. ALABAMA ST. APT 501 PLANT CITY FL 33566
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3. Date Incorporated or Qualified 02/07/1995
4. FEI Number 59-3298491
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 7 Plum Street Suite, Apt. #, etc. 22 #107 City & State 23 Plant City, FL Zip 24 33567	2a. Mailing Address 26 7 Plum Street Suite, Apt. #, etc. 27 #107 City & State 28 Plant City, FL Zip 29 33567
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HENRY, BESSIE J 1601 E. ALABAMA ST. APT 501 PLANT CITY FL 33566

10. Name and Address of New Registered Agent 81 Name Henry, Bessie J 82 Street Address (P.O. Box Number is Not Acceptable) 7 Plum Street 83 #107 84 City Plant City FL 85 Zip Code 33567

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	
TITLE	NAME
PD	HENRY, BESSIE J
STREET ADDRESS	1601 E. ALABAMA ST., #501
CITY-ST-ZIP	PLANT CITY FL 33566
CD	POLK, RICKY REV
STREET ADDRESS	5128 NESMITH ROAD
CITY-ST-ZIP	PLANT CITY FL 33567
CCD	DIXON, BRO. ANDREW
STREET ADDRESS	709 SOUTH MARSHALL STREET
CITY-ST-ZIP	PLANT CITY FL 33566
T	THOMAS, ELDER CHARLES
STREET ADDRESS	14800 12TH STREET
CITY-ST-ZIP	DADE CITY FL 33525
T	GUION, DEC. ROBERT L
STREET ADDRESS	712 SOUTH FRANKLIN STREET
CITY-ST-ZIP	PLANT CITY FL 33566
T	ANDERSON, LARRY
STREET ADDRESS	614 W. 8TH STREET
CITY-ST-ZIP	LAKELAND FL 33805-4328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Recording Secretary
1.2 NAME	Leusa D. Honors
1.3 STREET ADDRESS	1315 W. 14th Street #037
1.4 CITY-ST-ZIP	Lakeland, FL 33805
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Ms. Bessie J. Henry, President** 03/18/98 (813) 754-4106

CR2E037 (10/97)