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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90044 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000626

1. Corporation Name

GENERATIONS UNITED IN PRAISE, INC.

Principal Place of Business

7 PLUM STREET
 #107
 PLANT CITY FL 33567
 US

Mailing Address

7 PLUM STREET
 #107
 PLANT CITY FL 33567
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/07/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3298491	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

HENRY, BESSIE J
 7 PLUM STREET
 #107
 PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	T
NAME	HENRY, BESSIE J	1.2 NAME	Mitchell, Cherry
STREET ADDRESS	1601 E. ALABAMA ST., #501	1.3 STREET ADDRESS	1404 Holloman Road
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	CD	2.1 TITLE	
NAME	POLK, RICKY REV	2.2 NAME	
STREET ADDRESS	5128 NESMITH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	2.4 CITY-ST-ZIP	
TITLE	CCD	3.1 TITLE	
NAME	DIXON, BRO. ANDREW	3.2 NAME	
STREET ADDRESS	709 SOUTH MARSHALL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	THOMAS, ELDER CHARLES	4.2 NAME	
STREET ADDRESS	14800 12TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	GUION, DEC. ROBERT L	5.2 NAME	
STREET ADDRESS	712 SOUTH FRANKLIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	ANDERSON, LARRY	6.2 NAME	
STREET ADDRESS	614 W. 8TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805-4328	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, with all other like empowered.

SIGNATURE: *Bessie J Henry, President* 01/21/99 (813) 754-4106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)