

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000838

FILED  
Mar 28, 2005  
Secretary of State

**Entity Name:** HIGH PRAISE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

6180 FT CAROLINE RD  
UNITS 1 AND 2  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

6180 FT CAROLINE RD  
UNITS 1 AND 2  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 59-3197574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, ROBIN F  
6180 FT CAROLINE RD  
UNITS 1 AND 2  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVTD ( ) Delete  
Name: TAYLOR, ROBIN F  
Address: 5458 CATSPAW LANE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: WILLIS, ROBIN  
Address: 4060 BAROS RD, #104  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: JOHNSON, PAMELA  
Address: 5458 CATSPAW LANE  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN F. TAYLOR

MRS.

03/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date