

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002240 (8)

1. Corporation Name

LIVING PRAISE MINISTRIES, INC.



Principal Place of Business

Mailing Address

1490 SO. HIGHWAY 17  
ARCADIA FL 33821

POST OFFICE BOX 2645  
ARCADIA FL 33821

3. Date Incorporated or Qualified  
05/08/1995

3a. Date of Last Report  
FIRST REPORT

2. Principal Place of Business

21 405 CLOVERDALE BLVD.

2a. Mailing Address

26 SAME

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

City & State

23 FT. WALTON BEACH, FL.

City & State

28

Zip

24 32547

Country

25 OREGON

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SHIRLEY, DWIGHT E  
1490 SO. HIGHWAY 17  
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

405 CLOVERDALE BLVD.

83

FT. WALTON BEACH

84

FLORIDA

FL

85 Zip Code

32547

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

(Not Registered Agent Signature required when reinstating)

DATE

Dwight E Shirley

1-25-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, DWIGHT E	
STREET ADDRESS	1490 SO. HIGHWAY 17	
CITY - ST - ZIP	ARCADIA FL 33821	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, HEINDRICH D	
STREET ADDRESS	1490 SO. HIGHWAY 17	
CITY - ST - ZIP	ARCADIA FL 33821	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DILLER, TIM	
STREET ADDRESS	1490 SO. HIGHWAY 17	
CITY - ST - ZIP	ARCADIA FL 33821	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	405 CLOVERDALE BLVD
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32547
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	405 CLOVERDALE BLVD.
2.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32547
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	405 CLOVERDALE BLVD.
3.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32547
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

Date

(904) 862-2444

Daytime Phone #

CR2E037 (12/95)