

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000004757 (9)**

1. Corporation Name

DELRAY BEACH PRAISE TEAM, INC.



Principal Place of Business 2225 S. OCEAN BLVD. SUITE 10 DELRAY BEACH FL 33483	Mailing Address 2225 S. OCEAN BLVD. SUITE 10 DELRAY BEACH FL 33483
--	--

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0608348

Applied For

Not Applicable

2. Principal Place of Business 21 3745 TURTLE RUN BLVD. #2032 Suite, Apt. #, etc. 22 CORAL SPRINGS, FLORIDA City & State 23 33067 Zip 24 Country	2a. Mailing Address 28 3745 TURTLE RUN BLVD. #2032 Suite, Apt. #, etc. 27 CORAL SPRINGS, FLORIDA City & State 29 33067 Zip 30 Country
---	--

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, ADDIE L
2225 S. OCEAN BLVD.
SUITE 10
DELRAY BEACH FL 33483**

81 Name

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

3745 TURTLE RUN BLVD., #2032

83

CORAL SPRINGS, FLORIDA

33067

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	
TITLE	PD
NAME	OWENS, ADDIE L
STREET ADDRESS	2225 S. OCEAN BLVD., #10
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	VTD
NAME	PIGNATO, JAMES V
STREET ADDRESS	25 C STRATFORD DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	SD
NAME	MEANS, TERRY
STREET ADDRESS	121 S.W. 25TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	William J. Wood
3.4 CITY-ST-ZIP	3777 NW 8th St.
4.1 TITLE	
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 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

JAMES V. PIGNATO

4/24/98

3777-3821

CP2E037 (10/97)