


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90163 001 ****61.25
06-18-2007 90163 002 *****8.75

| | |
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| DOCUMENT # N96000003936 |  |
| 1. Entity Name COMMUNITY PRAISE CENTER, INCORPORATED | |

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|--|---|
| Principal Place of Business 309 NE 39TH AVENUE GAINESVILLE, FL 32609 | Mailing Address P.O. BOX 357068 GAINESVILLE, FL 32635 |
|--|---|

66019387



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05182007 Chg-NP CR2E037 (12/06)

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|--|--|--|--|
| 4. FEI Number 59-3304963 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RICHARDS-WATTS, SHIRLEY 4721 NW 29TH AVENUE GAINESVILLE, FL 32606 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shirley Richards-Watts* *[Signature]* *6/14/2007*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RICHARDS-WATTS, SHIRLEY A P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Veronica Smith Campbell P.O. Box 357068 Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV RICHARDS, LATECIA N P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Faye Dollison-Hoary P.O. Box 357068 G'sville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FORTINEAUX, MARTHA P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member/Secretary Rebecca Butler P.O. Box 357068 G'sville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV RICHARDS, MARCUS A P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mbr Brenda Chamblis P.O. Box 357068 G'sville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DURANT, CARA P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mbr Daniel Leviston P.O. Box 357068 G'sville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, EARLIE P.O. BOX 357068 GAINESVILLE, FL 326357068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mbr Pamela Ferguson P.O. Box 357068 G'sville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *SHIRLEY A. RICHARDS-WATTS* *6/14/2007* *(352) 318-2875*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #