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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaupt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002702 (5)**

1. Corporation Name

PRAYER & FAITH PRAISE CENTER, INC.



Principal Place of Business

Mailing Address

**2600 13TH STREET SO.
ST. PETERSBURG FL 33705**

**2600 13TH STREET SO.
ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3487117

Applied For

Not Applicable

2. Principal Place of Business

33712

2a. Mailing Address

21 2850 FREEMONT TER. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 ST PETERSBURG FL

Zip

24 33712

Country

25 PINELLAS

26

City & State

27 ST PETERSBURG FL

Zip

28 33712

Country

29 PINELLAS

30

City & State

31 ST PETERSBURG FL

Zip

32 33712

Country

33 PINELLAS

34

City & State

35 ST PETERSBURG FL

Zip

36 33712

Country

37 PINELLAS

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City & State

39 ST PETERSBURG FL

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City & State

51 ST PETERSBURG FL

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City & State

55 ST PETERSBURG FL

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56 33712

Country

57 PINELLAS

58

City & State

59 ST PETERSBURG FL

Zip

60 33712

Country

61 PINELLAS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **BARBARA S. WATTS**

3/23/98

813-823-0499

CR2E037 (10/97)