


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003669**

1. Corporation Name

**BLESSED TEMPLE OF PRAISE MINISTRIES, INC.**

Principal Place of Business

**8439 SUDA TRAIL  
TALLAHASSEE FL 32312**

Mailing Address

**8439 SUDA TRAIL  
TALLAHASSEE FL 32312**

99 MAY -7 AM 9:26

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/25/1997
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	NOT APPLICABLE
24. Country	29. Country	59-35714
25. Country	30. Country	57
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

**RICHARDSON, FRANKIE J  
8439 SUDA TRAIL  
TALLAHASSEE FL 32312**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	RICHARDSON, H. CLEVELAND	1.2 NAME	
STREET ADDRESS	8439 SUDA TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	
NAME	RICHARDSON, FRANKIE J	2.2 NAME	
STREET ADDRESS	8439 SUDA TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	WILLIAMS, ANDRE L	3.2 NAME	
STREET ADDRESS	12990 MCCOSUKEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	WILLIAMS, PHOEBE A	4.2 NAME	
STREET ADDRESS	12990 MCCOSUKEE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Frankie J. Richardson*

5/7/99

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