FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	N98000006412
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HOUSE OF PRAISE INC.

Principal Place of Business 2403 SAXON STREET TALLAHASSEE FL 32301 Mailing Address

2908 HARWOOD STREET TALLAHASSEE FL 32301



99 HAY 21 AM 11:51

SECRETARY OF STATE TAULAHASSEE, FLORIDA



21	Principal Place of Business	Place of Business 2a. Mailing Address 26				3. Date incorporated or Qualifed 11/10/1998					
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. FEI Number	~~~	TIAn	plied For		
22		27				59-3544	394		t Applicable		
	City & State	City & State					J	\$8.75			
23		28				5. Certifcate of Status Desired	<u> </u>	Fee Re	quired		
—-	Zip Country	Zip Cour				6. Election Campaign Financing \$5.00 May Be					
24	25		30			Trust Fund Contribution LJ Added to Fees					
9. Name and Address of Current Registered Agent				Ты	lama	10. Name and Address of New Registered Agent					
_	*******		[*'	81 Name							
	HAYWOOD, JAMES M 2908 HARWOOD STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
					83						
TALLAHASSEE FL 32301											
			84	C	ity	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 a			nt sign	nature required w		DATE	i Dipcoto	55		
12.			13.		т	ADDITIONS/CHANGES TO OF	FICERS AN	□ Change			
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14.	I hereby certify that the information supplied with	this filing does not qualify for t	he exemp	tion s	stated in Se	ction 119.07(3)(i), Florida Statutes.	I further cert	ify that the ir	formation		

Interest 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 suppliemental 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 paginged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAME M. HOYARD LAMES ME SHARED FREE OF DIRECTOR

Haywood

5-13-99

877-3640

CR2E037 (11/98)