## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002417

Jul 22, 2005 Secretary of State

Entity Name: CASA DE ALABANZA/HOUSE OF PRAISE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9612 N. 26TH ST. TAMPA, FL 33612

**Current Mailing Address: New Mailing Address:** 

9612 N. 26TH ST TAMPA, FL 33612

FEI Number: 59-3569525 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LINKOUS, J. JUANELL 9012 COPELAND ROAD TAMPA, FL 336375102 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete PCD (X) Change ( ) Addition TORRES, ISRAEL SR TORRES, ISRAEL SR Name: Name: Address: 16156 COMPTON PALM DR Address: 12403 N 28TH ST. City-St-Zip: TAMPA, FL 336471531 City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: TORRES, MARIA Name: TORRES, MARIA Address: 16156 COMPTON PALM DR Address: 12403 N 28TH ST. City-St-Zip: TAMPA, FL 336471531 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: () Change () Addition

DELGADO, NELSON Name: Name: 10219 N. OJUS DR. Address: Address: City-St-Zip: TAMPA, FL 336173933 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISRAEL TORRES SR. **PCD** 07/22/2005