

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003548

FILED
Mar 16, 2009
Secretary of State

Entity Name: SANCTUARY OF PRAISE MINISTRIES, INC.

Current Principal Place of Business:

821 SOUTH KIRKMAN ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 616712
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-3579701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKNIGHT, JONATHAN L
805 S. KIRKMAN RD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCKNIGHT, JONATHAN L
Address: 805 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: WEATHERS, NATHANIEL SR.
Address: 4519 ARCH ST.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WILLIAMS, SHEILA B
Address: 7895 SAINT GILES PLACE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: TOMPKINS, WILMA
Address: 13108 FOX GLOVE ST
City-St-Zip: WINTER GARDEN, FL 34761

Title: D () Delete
Name: EVENS, RODERICK L
Address: 3203 WINDMILL POINT BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JONATHAN L. MCKNIGHT

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date