

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 28 PM 7:06****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P38871 (0)**

1. Corporation Name

PRAISE HIM IN SONG MINISTRY INC.

Principal Place of Business

**1204 N. OLD MILL DR.
DELTONA FL 32725**

Mailing Address

**1204 N. OLD MILL DR.
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

34-1492754

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**FLETCHER, RICHARD W.
1204 N. OLD MILL DR.
DELTONA FL 32725**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PCD
FLETCHER, RICHARD W.
1204 N. OLD MILL DR.
DELTONA FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**V
ANGST, HELEN
130 FIFTH ST. S.E., #916
BARBERTON OH**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VCD
FLETCHER, HELEN
1204 N. OLD MILL DR.
DELTONA FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**ST
FLETCHER, HELEN
1204 N. OLD MILL DR.
DELTONA FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
CLARY, WALTER
154 MOSS DR.
DEBARY FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
WAITS, MARY
889 S. CARPENTER
ORANGE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RICHARD W. FLETCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-94

904-789-6053

Daytime Phone #