

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001260

**Entity Name:** COMING TOGETHER IN PRAISE DANCE MINISTRIES, INC.**Current Principal Place of Business:**4719 HARWICH STREET  
ORLANDO, FL 32808**Current Mailing Address:**PO BOX 617571  
ORLANDO, FL 32861 US**FEI Number: 80-0582211****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTLER, ERIKA  
4719 HARWICH STREET  
ORLANDO, FL 32808 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                  |
|-----------------|------------------|
| Title           | PD               |
| Name            | BUTLER, ERIKA    |
| Address         | 4719 HARWICH ST  |
| City-State-Zip: | ORLANDO FL 32808 |

|                 |                           |
|-----------------|---------------------------|
| Title           | S                         |
| Name            | MOORE, TANGELA            |
| Address         | 4455 FOUNTAINVIEW LN #619 |
| City-State-Zip: | ORLANDO FL 32808          |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | LEONARD, CELESTINE |
| Address         | 5162 EDWINA ST     |
| City-State-Zip: | ORLANDO FL 32811   |

|                 |                  |
|-----------------|------------------|
| Title           | VP               |
| Name            | BUTLER, DAVID    |
| Address         | 4719 HARWICH ST  |
| City-State-Zip: | ORLANDO FL 32808 |

|                 |                            |
|-----------------|----------------------------|
| Title           | T                          |
| Name            | JENKINS, MARCELLA          |
| Address         | 1010 BLAKE ST.             |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | WILLIAMS, TERRY J       |
| Address         | 2039 COBBLEFIELD STREET |
| City-State-Zip: | APOPKA FL 32703         |

*I hereby 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 all other like empowered.*

**SIGNATURE: TERRY J WILLIAMS****T****03/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date