| FEI Number: 13-4314445 | | | Certificate of Status Desired: No | |
|--|--|-----------------|-----------------------------------|------------|
| Name and A | ddress of Current Registered Agent: | | | |
| STEVENSON, E 27340 MAIN AV OKAHUMPKA, | | | | |
| 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 | SNATURE: BERNADETTE CANDACE STEVENSON | | | 04/24/2015 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | PRESIDENT, PASTOR, TREASURER, ELDER, DIRECTOR | Title | VP | |
| | | Name | WELLS, TONDA | |
| Name | STEVENSON, BERNADETTE C P. O. BOX 603 | Address | 714 WOOD DRIVE | |
| Address | | City-State-Zip: | | |
| City State Zin: | | ony-oraid-zip. | DIGONOVILLE I E 54001 | |

Title

Name

Address

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010598

Entity Name: GARDENS OF PRAISE MINISTRY INC.

Current Principal Place of Business:

27340 MAIN AVENUE OKAHUMPKA, FL 34762

Current Mailing Address:

P. O. BOX 603 OKAHUMPKA, FL 34762 US

FE

Na

City-State-Zip: OKAHUMPKA FL 34762

City-State-Zip: OKAHUMPKA FL 34762

P. O. BOX 603

WILSON, CORDOARYL L

D

Title

Name

Address

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: BERNADETTE STEVENSON

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

FILED Apr 24, 2015 Secretary of State CC5253451540

SECRETARY, DIRECTOR, ELDER

STEVENSON, ANTHONY Q

P. O. BOX 603

City-State-Zip: OKAHUMPKA FL 34762