

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46901

1. Entity Name

TABERNACLE OF PRAISE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90071 043 ****70.00

0050592

Principal Place of Business 350 N JOG RD WEST PALM BEACH FL 33413 US	Mailing Address 350 N. JOG RD. WEST PALM BEACH FL 33413 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, BRENDA L 350 N JOG RD WEST PALM BEACH FL 33413	7. Name and Address of New Registered Agent Name: BRENDA L. PRICE Street Address (P.O. Box Number is Not Acceptable): 350 N. JOG RD City: West Palm Beach FL Zip Code: 33413
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8. 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 BRENDA L. PRICE Brenda L. Price JANUARY 5, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRENDA L 5769 COCONUT BOULEVARD ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PRICE BRENDA L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 N JOG Road West Palm Beach, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UPTHEGROVE, PANSY R 300 N JOG RD WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEFFENBAUM, GEORGIA E 5769 COCONUT BLVD WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITE, CYNTHIA L 320 SHADY LANE LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV/VP PRICE Billy R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2327 Avenida Barcelona West Palm Beach FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JAN 5 2001 969-6729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)