

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90086 001 \*\*\*\*61.25

**DOCUMENT # N46901**

1. Entity Name

**TABERNACLE OF PRAISE, INC.**

Principal Place of Business

Mailing Address

**350 N JOG RD  
 WEST PALM BEACH FL 33413  
 US**

**350 N. JOG RD.  
 WEST PALM BEACH FL 33413  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0302422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, BRENDA L  
 350 N JOG ROAD  
 WEST PALM BEACH FL 33413**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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*

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. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D WILLIAMS, BRENDA L**  
 STREET ADDRESS **5769 COCONUT BOULEVARD**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☒ Change ☐ Addition  
 NAME **Price, Brenda L**  
 STREET ADDRESS **350 N. Jog Rd**  
 CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE ☐ Delete  
 NAME **DP UPTHEGROVE, PANSY R**  
 STREET ADDRESS **300 N JOG RD**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DT DEFFENBAUM, GEORGIA E**  
 STREET ADDRESS **5769 COCONUT BLVD**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DV WHITE, CYNTHIA L**  
 STREET ADDRESS **320 SHADY LANE**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☒ Change ☐ Addition  
 NAME **Price, Billy R**  
 STREET ADDRESS **350 N. Jog Rd**  
 CITY-ST-ZIP **West Palm Beach FL 33413**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)