

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000625

1. Entity Name

CHRISTIAN TRANS-DENOMINATIONAL SPIRITUAL GROWTH
& ENLIGHTENMENT PRAYER GROUP, INC.

Principal Place of Business

Mailing Address

1432 GOLDEN PARK CT
TALLAHASSEE FL 32303

1432 GOLDEN PARK CT
TALLAHASSEE FL 32303

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

31-1777133

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

CALHOUN, TERESITA
1432 GOLDEN PARK CT
TALLAHASSEE FL 32303

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

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	D	☐ Delete
NAME	CALHOUN, TERESITA	
STREET ADDRESS	1432 GOLDEN PARK CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☐ Delete
NAME	HARRELL, LORETTA	
STREET ADDRESS	4242 HIGH BRIDGE RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	☐ Delete
NAME	CALHOUN, CYNTHIA	
STREET ADDRESS	4200 THORNBRIAR CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME	300005555343--9	
STREET ADDRESS	-05/16/02--01065--015	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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]*

05/08/02

FILED
May 08, 2002 8:00 A.M.
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)