

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17738

1. Entity Name

PRAISE CATHEDRAL, CHURCH OF GOD, INC.

Principal Place of Business

% MICHAEL J. THOMAS
4371 76TH AVE NO
PINELLAS PARK FL 33781
US

Mailing Address

% MICHAEL J. THOMAS
4371 76TH AVE NO
PINELLAS PARK FL 33781
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

59-2789116

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

THOMAS, MICHAEL J
5533 81ST TERR NO
PINELLAS PARK FL 33781

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 NAME STREET ADDRESS CITY-ST-ZIP	D REINHART 1159 45TH AVE NE ST PETERSBURG FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, STEPHEN 12701 FRANK DR N SEMINOLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, STEVE 3236 8TH AVE N ST PETERSBURG FL 33713-662	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWELL, JIM 2296 60TH ST NORTH ST. PETERSBURG FL 33710	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAFFORD, CARL 4330 81ST AVE NORTH PINELLAS PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MICHAEL 5533 81ST TERRACE, NORTH PINELLAS PARK FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rick Mills 7210 Arnhurst Way Clearwater, FL 33764	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Algarin, Samuel 6666 18th St. N St Pete, Florida 33702	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Long, Ken 3255 8th Ave. N. St Pete, FL 33713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Michael J. Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90097 024 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)