

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90382 028 ****61.25

DOCUMENT # N30043

1. Entity Name

THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.

Principal Place of Business

252 NE 29 ST.
 C/O JOHNNY L. ZANDERS
 POMPANO BEACH FL 33064

Mailing Address

1588 NW 4TH AVE
 C/O JOHNNY L. ZANDERS
 POMPANO BEACH FL 33060
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0114888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZANDERS, JOHNNY L.
 1588 NW 4TH AVE
 POMPANO BEACH FL 33060

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

Johnny L. Zanders Sr
 Signature, typed or printed name of registered agent and title if applicable.

Johnny L. Zanders Sr.
 (NOTE: Registered Agent signature required when reinstating)

03/27/2001
 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 ZANDERS, JOHNNY L.
 STREET ADDRESS 1588 NW 4TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ☐ Delete
 NAME ZANDERS, HAZEL KIRKLAND
 STREET ADDRESS 10315 NW 39TH MANOR
 CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☐ Delete
 NAME JOHNSON, LONNIE
 STREET ADDRESS 2643 NW 8TH STREET
 CITY-ST-ZIP POMPANO BEACH FL

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

TITLE ☐ Delete
 NAME JOHNSON, SUSIE
 STREET ADDRESS 2643 NW 8TH STREET
 CITY-ST-ZIP POMPANO BCH. FL

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

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: *Johnny L. Zanders Sr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)