2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31377

1. Entity Name

CHURCH OF GOD SANCTUARY OF PRAISE, INC.

i	

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90254 018 ****61.25

		TO WE THE				
e of Business OD SOP DRIVE FL 32219	Mailing Address PO BOX 2158 JACKSONVILLE FL 32203 US		1 1881/181 668 5/19	1 11 010 14111 14 0 14 14 0 4 018 14 0	911 81811 OKEN BIÐ	III 818 11 14 8 1
lace of Business	3. Mailing Address					
#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
	City & State		4. FEI Number 59 -	4. FEI Number 59-2935182 Applied For		
Country	Zip Country		5. Certificate of Sta	Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
	<u> </u>					
	Hegistered Agent	Name	/. Name and Addr	ess of New Registered	Agent	
MARTIN						
MITAGE RD.E.	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
VILLE I L OLLY		City		F	Zip Cod	le
named entity submits this statement to	r the number of changing its	registered office or roots	stered agent or both in th	···		and accept
	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable	to State
OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	110
D TUNSIL, AMOS 8660 BRAZIL RD. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
D SMITH, EARL 11820 HIGH PLAINS DR. E. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
D Lane, Charles 8362 Three Creeks BLVD Jacksonville FL 32220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
D MCKINLEY, BESS 2564 ROBERT STREET JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
	Country ace of Business #, etc. Country 6. Name and Address of Current MARTIN MITAGE RD.E. VILLE FL 32277 named entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent. CILE NOW: FEE IS \$61.25 OFFICERS AND DIFT D TUNSIL, AMOS 8660 BRAZIL RD. JACKSONVILLE FL D SMITH, EARL 11820 HIGH PLAINS DR. E. JACKSONVILLE FL D LANE, CHARLES 8362 THREE CREEKS BLVD JACKSONVILLE FL 32220 D MCKINLEY, BESS 2564 ROBERT STREET JACKSONVILLE FL	DD SOP RIVE PO BOX 2158 JACKSONVILLE FL 32203 ace of Business #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent L MARTIN MITAGE RD.E. VILLE FL 32277 Transmed entity submits this statement for the purpose of changing its ons of registered agent. Signature. typed of printed name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS D	DO SOP RIVE TI 32219 PO BOX 2158 JACKSONVILLE FL 32203 US 3. Mailing Address #, etc. City & State Country Zip Country Siphalure, Nyeld or protect name of registered agent and title if applicable (NOTE: Registered Agent signature registered agent) IN ARTIN MITAGE RD.E. VILLE FL 32277 City In Agriculture, Nyeld or protect name of registered agent and title if applicable OFFICERS AND DIRECTORS D Trust Fund Contribution. D OFFICERS AND DIRECTORS D TUNSIL, AMOS BREG ADDRESS BREG ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS JACKSONVILLE FL D Delete TILE NAME SIRET ADDRESS CITY-ST-ZIP Delete TILE NAME SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP DELET SI	DO SOP RO BOX 2158 JACKSONVILLE FL 32203 US PL 32219 acce of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. C. City & State Country Zip Country 5. Certificate of State Country 5. Certificate of State Cauntry City & State Country 5. Certificate of State Country 5. Certificate of State Street Address (P.O. Box Number is Number in Number in Number is Number in	DO SOP RIVE JACKSONVILLE FL 32233 US Accepted Business 3. Maining Address 4. FEI Number 559-29335182 Country Zip Country 5. Certificate of Status Desired Country 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired Tourist Address of New Registered Agent Name I MARTIN MITAGE RD E. WILLE FL 32277 City Fl Inamed ontity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. I an one of registered agent. Superint, based of private from of registered agent and this if spotbable Public NOW: FEE IS \$61.25 9. Election Campaign Financing St. O. May Be Added to Fees TILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS'AND E. Deficices And Directors Deficices And Directors Deficices And Directors Deficices Country Delete NAME SINGEL AGRESS ACKSONVILLE FL Delete NAME SINGEL AGRESS CITY-ST. 2P DELETE NAME SING	DO SOP ROBERT 2189 ACKSONNULE FL 32230 BY OR BOARD 2189 ACKSONNULE FL 32230 BY OR BOARD 2189 ACKSONNULE FL 32230 BY OR BOARD ACKSONNULE FL 32230 BY OR BOARD ACKSONNULE FL 32220 Delete ITLE MAKE ACKSONNULE FL Delete ITLE MAKE ACKSONNULE FL 32220 DELETE CREEKS BLVD ITLE MAKE ACKSONNULE FL Delete ITLE MAKE ACKSONNULE FL Delete ITLE MAKE ACKSONNULE FL DELETE CREEKS BLVD Delete ITLE MAKE MAKE MAKE ACKSONNULE FL Delete ITLE MAKE MAKE MAKE ACKSONNULE FL Delete ITLE MAKE MAKE MAKE STREET ADDRESS STREET ADDRESS

2. 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 in address, with all other like empowered.

SIGNATURE:

AMOS TUNSIL 4/29/0

(904) 765-3126