

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91345 011 ****61.25

DOCUMENT # N95000005341

1. Entity Name
GRACE PRAISE & WORSHIP CENTER INC.

Principal Place of Business

**930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405
 US**

Mailing Address

**930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405
 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

65-0623919

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWLING, KENNETH R
 930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405**

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	<input type="checkbox"/> Delete
NAME	RELLFORD, VERNA	
STREET ADDRESS	1569 W. 21ST ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAMLESS, JOSEPH	
STREET ADDRESS	969-32ND STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARNETTE, ADRIENE	
STREET ADDRESS	1804 MIDDLETON WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, EDDIE SR	
STREET ADDRESS	824 W 6TH STREET	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOWLING, KENNETH L	
STREET ADDRESS	2708 N AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kenneth L. Bowling* Kenneth L. Bowling 5/1/01 561 802-4277

CR2E037 (10/00)