

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91459 001 ****70.00

DOCUMENT # N96000003936

1. Entity Name

COMMUNITY PRAISE CENTER, INCORPORATED



Principal Place of Business

922 NE 16TH AVENUE
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 357068
GAINESVILLE FL 32635

2. Principal Place of Business

1734 SE HAWTHORNE Rd

3. Mailing Address

OK.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S Amg

City & State

OK

Zip

32641

Country

Zip

32635

Country

4. FEI Number **59-3304963**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS-WATTS, SHIRLEY
4721 NW 29TH AVENUE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

FL

Zip Code

32635

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS-WATTS, SHIRLEY A	
STREET ADDRESS	P.O. BOX 357068	
CITY-ST-ZIP	GAINESVILLE FL 32635	
TITLE	TP	<input type="checkbox"/> Delete
NAME	RICHARDS, LATECIA N	
STREET ADDRESS	4721 NW 29TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORTINEAUX, MARTHA	
STREET ADDRESS	4400 SW 20TH AVE # 183	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	TV	<input type="checkbox"/> Delete
NAME	RICHARDS, MARCUS A	
STREET ADDRESS	115 SE 26TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	S	<input type="checkbox"/> Delete
NAME	WITHERSPOON, AVON	
STREET ADDRESS	922 NE 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, EARLIE	
STREET ADDRESS	P.O. BOX 5411-3900 SE 14TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32627	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 357068	
CITY-ST-ZIP	GsVille, FL 32635-7068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 357068	
CITY-ST-ZIP	GsVille, FL 32635-7068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 357068	
CITY-ST-ZIP	GsVille, FL 32635	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 357068	
CITY-ST-ZIP	GsVille, FL 32635-7068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 357068	
CITY-ST-ZIP	GAINESVILLE, FL 32635-7068	

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 REQUIRED

4/24/03/352
372-8200

CR2E037 (10/02)