

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90415 006 ****70.00

DOCUMENT # 706615

1. Entity Name

PRAISE CHAPEL, INC.

Principal Place of Business

25022 NW 122 AVE
 HIGH SPRINGS FL 32643

Mailing Address

25022 NW 122 AVE
 HIGH SPRINGS FL 32643

2. Principal Place of Business

25022 N.W 122 AVE

Suite, Apt. #, etc.

3. Mailing Address

25022 N.W 122 AVE

Suite, Apt. #, etc.

City & State

High Springs, Fla.

City & State

High Springs, Fla.

Zip

32643

Country

Alachua

Zip

32643

Country

Alachua

4. FEI Number

59-1819902

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MULLINS, KENNETH
 25022 NW 122 AVE
 HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Kenneth E. Mullins

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

25022 N.W 122 AVE

City

High Springs

FL

Zip Code

32643

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MULLINS, KENNETH | |
| STREET ADDRESS | RT. 2, BOX 350H | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MULLINS, KAY | |
| STREET ADDRESS | RT. 2, BOX 350H | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | OD | <input type="checkbox"/> Delete |
| NAME | HOWELL, RENEE L. | |
| STREET ADDRESS | 2802 11TH AVENUE, WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MULLINS, KENNETH E JR | |
| STREET ADDRESS | RT. 3 BOX 79A | |
| CITY-ST-ZIP | NEWTON KS 67114 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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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| 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 |
| 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 E. Mullins 5/11/01

CR2E037 (10/00)