

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0065293

DOCUMENT # 706615

1. Entity Name

PRAISE CHAPEL, INC.

02-05-2002 90110 010 ****70.00

Principal Place of Business

Mailing Address

25022 NW 122 AVENUE
 HIGH SPRINGS FL 32643

25022 NW 122 AVE
 HIGH SPRINGS FL 32643

2. Principal Place of Business

3. Mailing Address

25022 N.W. 122 Ave

25022 N.W. 122 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HIGH SPRINGS, FL

HIGH SPRINGS, FL

4. FEI Number

59-1819902

Applied For

Not Applicable

Zip

Country

32643 ALACHUA

Zip

Country

32643 ALACHUA

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

MULLINS, KENNETH
 25022 NW 122 AVE
 HIGH SPRINGS FL 32643

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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	
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth E Mullins 1/16/02

Date

Daytime Phone #

CR2E037 (9/01)