**2000 UNIFORM BUSINESS REPORT (UBR)** 

## **DOCUMENT # 742178**

1. Entity Name

## FILED Jan 26, 2000 8:00 am Secretary of State

LIFE AND PRAISE TEMPLE, INC.					26-2000 90049 045			
Principal Place of Business		Mailing Address					}	
416 S. BERKLEY ROAD AUBURNDALE FL 33823		416 S. BERKLEY ROAD AUBURNDALE FL 33823-3818		ı				
				}	1814 Blaka (1884 1184) (888) (811 818)	ANDRE BLAKE BEREK ALA	J. <b>(18</b> 4 1 <b>86</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del> </del>	DO NOT WRITE IN TH	IS SPACE		
City & State		City & State		4. FEI Number	4. FEI Number 59-1914610		Applied For	
Zip	Country	Zíp	Country	5. Certificate	of Status Desired	\$8.75 Add		
<b></b>	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Registere			
			Name	CINDA J.	HALL		_	
MADOAMODE LEDON			Street Address (NO. Box Number is Not Acceptable)					
NARRAMORE, LEROY 1397 HWY 655 NO.			14'	<u>a soriginta</u>	on circle			
	ALE FL 33823		1	J				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City	11/21/20dalo	) . F	L ZHOY	\$23	
8 The above	named entity submits this statement for	the nurpose of changing its re	gistered office or	registered agent, or bot	<u> </u>		000	
1110 00010				. agistore a agont, or set	in, in the state of the state.			
	to a mode ()	$\Omega$	donine	chato	1	20-00	<b>)</b>	
SIGNATUR€	Signature, typed or printed name of registered agent a	d title if applicable (NOTE: F	Registered Agent signati	ure required when reinstating)	DAT		<u></u>	
	Signature, species and a second secon	T			<u> </u>			
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees		k Payable to ent of State	ı	
10.	OFFICERS AND DIR	ECTORS	11,	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	D	☐ Delete	TITLE	<u></u>	<u> </u>	☐ Change	Additic	
NAME	ALLEN, ROY		NAME					
STREET ADDRESS	1112 11TH CT. NE		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	·				
TITLE	PD.	☐ Delete	TITLE	<u> </u>		☐ Change	☐ Additic	
NAME STREET ADDRESS	MELTON, BILLY (REV)   417 S BERKLEY ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	AUBURNDALE FL		CITY-ST-ZIP				<b>&gt;</b>	
TITLE	D	☐ Delete	TITLE			☐ Change	Additio	
NAME	KELL, DANNY		NAME .	+-		•		
STREET ADDRESS	259 JONES RD.	~	STREET ADDRESS					
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP					
TITLE NAME	D   MCKEAN, JAMES	☐ Delete	TITLE NAME			Change	Additic Additic	
STREET ADDRESS	2907 AVE. T NW		STREET ADDRESS		•			
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP					
TITLE	D	🔀 Delete	TITLE			☐ Change	Additio	
NAME	THOMAS, MAXIE (REV)		NAME					
STREET ADDRESS CITY-ST-ZIP	3069 LANTANA CIRCLE		STREET ADDRESS CITY-ST-ZIP					
TITLE	AUBURNDALE FL D	☐ Delete	TITLE	<del>_ ·</del>		Change	☐ Additio	
NAME	BRUCE, VAUGHN	CT Detete	NAME			Orlange	L_J AGGROO	
STREET ADDRESS	610 SIDNEY CIR. JPV		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my	ne exemption state signature shall he required by Cha	ted in Section 119.07(3)( ave the same legal effec- inter 617. Florida Statute	i), Fiorida Statutes. I further in it as if made under oath; that so and that my name appear	certify that the in t I am an officer is in Block 10 or	nformation or director Block 11 if	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: