2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 18, 2002 8:00 am Secretary of State **DOCUMENT # 742178** LIFE AND PRAISE TEMPLE, INC. 02-18-2002 90145 028 ****61.25 Principal Place of Business Mailing Address 416 S. BERKLEY ROAD 416 S. BERKLEY ROAD AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Raad Koad Berkleen DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1914610 uburndale Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 3382 USM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Noview P.O. Box Number is Not Acceptable) HALL, LARINDA J 142 BRIGHTON CIR **AUBURNDALE FL 33823** Zip Code 33823 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CD ☐ Addition CR2E037 (9/01) TITLE Change TITLE Delete ALLEN, ROY NAME NAME STREET ADDRESS 1112 11TH CT. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 PD ☐ Addition Change ☐ Delete TITLE TITLE WILLIAMS, RON L NAME NAME STREET ADDRESS STREET ADDRESS 3069 LANTANA CIRCLE CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-7IP TD ☐ Addition ☐ Delete TITLE Change KELL, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 259 JONES RD. CITY-ST-ZIP CITY-ST-7IP AUBURNDALE FL 33823 ☐ Delete TITLE Change Addition BAILEY, MIKE NAME STREET ADDRESS STREET ADDRESS 1650 SEMINOLE AVE CITY-ST-ZIP CITY-ST-ZIP **AUBURNDALE FL 33823** SD ☐ Addition TITLE ☐ Delete BRUCE, VAUGHN NAME NAME STREET ADDRESS STREET ADDRESS 610 SIDNEY CIR. JPV CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 Delete ☐ Addition TITLE TITLE NAME HOUGH, LONNIE NAME 160 MESSER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE ALFRED FL 33850

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.