

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746851

1. Entity Name

PRAISE CATHEDRAL OF TALLAHASSEE, INC.

Principal Place of Business

3206 CAPITAL CIR., NW
TALLAHASSEE FL 32303
US

Mailing Address

3206 CAPITAL CIR. NW
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0220608

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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
NAME EVANS, WILLIAM B
STREET ADDRESS 1111 BONNIE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CAUSEY, JOHN
STREET ADDRESS HC02 BOX 7793
CITY-ST-ZIP TALLAHASSEE FL 32310

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME REEVES, PHYLLIS
STREET ADDRESS 2403 E W THARPE STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME Edwin West
STREET ADDRESS 2920 N. Settler Blvd
CITY-ST-ZIP Tallahassee, FL. 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME Shirley Priolo
STREET ADDRESS 2315-B Brynahr Drive
CITY-ST-ZIP Tallahassee, FL. 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90035 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)