TITLE PD CAUSEY, JOHN MAME CANNORSS TALLAHASSEE FL 32304	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 746851 1. Entity Name PRAISE CATHEDRAL OF TALLAHASSEE, INC.			Ja S	FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90035 016 ****61.25			
TALLAHASSEE R. 32000	Principal Place of Business	-						
SUBM. Apt # etc. CO NOT WRITE IN THIS SPACE COY & State Country Zip Country S. Certificate of Status Desired S. 75 Additional Fee Registered Agent Name 6. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent Name 6. Only FL Zip Code 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the state of Piontal. 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the state of Piontal. 8. The above named entity submits this statement for the purpose of changing agent address of New Registered Agent Name FILE NOW: FILE N	TALLAHASSEE FL 32303	TALLAHASSEE FL 32303		 				
City & State Country Country Country E. Countr	2. Principal Place of Business	3. Mailing Address						į
September Sept	Suite, Apt. #, etc.	Suite, Apt. #, etc.		D	O NOT WRITE IN THIS S	SPACE		
S. Cell stead of saturation Beautiful Design Saturation Beautiful De	City & State	1	1 2	4. FEI Number		No	t Applicable	
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Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32304 City FL Zip Code 8. The above named entity authrits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE	6. Name and Address of Current F	Registered Agent	Name	7. Name and Addre	ss of New Registered /	Agent		
EVANS, WILLIAM B THE NOW: FEE IS \$61.25 CFFICERS AND DIRECTORS TRUST FLOOR TO BROWNE THANPES FEE IS 23004 THE NOW: FEE IS \$61.25 CFFICERS AND DIRECTORS TRUST FLOOR TRUST FLOOR TRUST FLOOR TRUST FLOOR THE NOW: FEE IS \$61.25 CFFICERS AND DIRECTORS TRUST FLOOR TRUST	EVANS, WILLIAM B			ress (P.O. Box Number is No	t Acceptable)			
B. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE								
FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS IN 10. FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECT			City		FL	Zip Code	}	
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TREET ADDRESS CITY-ST-ZIP TAILO hassee, FI. 32303 CITY-ST-ZIP TAILO hassee, FI. 32303 CITY-ST-ZIP Shirkey Priolo 23 15-B Bry nahr Drive TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. Lereby certify that the information supplied with this filling 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.	FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIR TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CAUSEY, JOHN HC02 BOX 7793	9. Election Campaign Trust Fund Contrib ECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Department	Payable to t of State	10 Addition	R2E037 (10/00)
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.	FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIR TITLE NAME EVANS, WILLIAM B 1111 BONNIE DRIVE TALLAHASSEE FL 32304 10. OFFICERS AND DIR TITLE NAME TALLAHASSEE FL 32304 1111 BONNIE DRIVE TALLAHASSEE FL 32310 1111 TALLAHASSEE FL 32310	9. Election Campaign Trust Fund Contrib ECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Department	Payable to t of State RECTORS IN Change Change	10 Addition	CR2E037 (10/00)
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(), florida Statutes. Therefore 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.	FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIR TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 TT TREEVES, PHYLLIS 2403 E W THARPE STREET TALLAHASSEE FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 TALLAHASSEE FL 32303 TALLAHASSEE FL 32310 TAL	9. Election Campaign Trust Fund Contrib ECTORS Delete Delete Delete Delete	I Financing ution. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check Department	Payable to t of State RECTORS IN Change Change Change	10 Addition Addition Addition	CR2E037 (10/00)
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