## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State **DOCUMENT # 752404** 1. Entity Name HIGHEST PRAISE FAMILY CHURCH, INC. 05-29-2002 90731 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 1350 E. LAKE ROAD, N. 1350 E. LAKE ROAD, N. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2002993 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name manager grader aggreency from RUGGLES, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 3005 US HWY 19 NO. CLEARWATER FL 34621 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete (9/01 Change ☐ Addition PRESTI, JOHN NAME Presti, John NAME 3991 Sweepstake Ct STREET ADDRESS 2950 GLEN OAK N STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34689 Palm Harbor, FL CITY-ST-ZIP PCD TITLE Change ☐ Addition Finch, Theodore raley, John H NAME NAME STREET ADDRESS 6905 RIDGE TOP DR 1350 É LAKE & Tarpon Springs. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34689 CITY-ST-ZIP TITLE-. Delete Change TITLE ☐ Addition RALEY, SHERI L PRESTI, TAMBER 3741 Sweepstake C+ # 2003 NAME NAME STREET ADDRESS 6905 RIDGE TOP DRIVE STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34655** CITY-ST-ZIP Palm Horbor, FL VD TITLE Delete TITLE Change ☐ Addition HADESTY, MARK NAME Feltman SR. NAME 2718 OAKBEND CT. 1218 E Boyer STREET ADDRESS STREET ADDRESS CITY-ST-ZIF NEW PORT RICHEY FL CITY-ST-ZIP Tarpon Springs, A VD TITLE Delete TITLE Change ☐ Addition DINA, DR. FRANK NAME NAME 6250 BELLINGHAM CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR