

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765111

1. Entity Name

TRUE PRAISE AND WORSHIP CENTER MIN. INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90027 020 ****61.25

Principal Place of Business

1713 JULIA ST.
AMERICAN BEACH FL 32034
US

Mailing Address

1713 JULIA ST.
AMERICAN BEACH FL 32034
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

NOT APPLICABLE

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

GADSON, ROSELLA
RT 2 BOX 262
1713 JULIA ST
FERNANDINA BEACH FL 32034

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 D
NAME COTTON, PETRINE
STREET ADDRESS 1665 LIME ST APT 4B
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MELTON, LILLIE M
STREET ADDRESS MT. ZION CIRCLE
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME COLEMAN, WILLIE N
STREET ADDRESS NORTH 15TH STREET
CITY-ST-ZIP FERNANDINA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SIMMONS, FRANCIS
STREET ADDRESS RT 3 BOX BOX 274
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME WAY, ELIPHS JEROME
STREET ADDRESS 694 JULIA STREET
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KIRKLAND, CARL
STREET ADDRESS OLD HARTS ROAD APT 1108
CITY-ST-ZIP JACKSONVILLE FL ☐ 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: *Rosella Gadson* 3/19/01 904-261-2108

CR2E037 (10/00)