

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90282 018 ****61.25

DOCUMENT # 765111

1. Entity Name

TRUE PRAISE AND WORSHIP CENTER MIN. INC.

Principal Place of Business

Mailing Address

**1713 JULIA ST.
 AMERICAN BEACH FL 32034
 US**

**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

Name

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

City

FL

Zip Code

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

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** ☐ Delete
 NAME **COTTON, PETRINE**
 STREET ADDRESS **1685 LIME ST APT 4B**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
 NAME **KIRKLAND, CARL**
 STREET ADDRESS **OLD HARTS ROAD APT 1108**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **D. BARBARA PRICE**
 STREET ADDRESS **231 N 11TH ST**
 CITY-ST-ZIP **FERNANDINA Bch FL 32034**

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02 904-261-2108
 Date Daytime Phone #

CR2E037 (9/01)