

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90165 018 \*\*\*\*61.25

**DOCUMENT # 765111**

**1. Entity Name**  
**TRUE PRAISE AND WORSHIP CENTER MIN. INC.**



**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



☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COTTON, PETRINE</b>	
STREET ADDRESS	<b>1665 LIME ST APT 4B</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MELTON, LILLIE M</b>	
STREET ADDRESS	<b>MT. ZION CIRCLE</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, WILLIE N</b>	
STREET ADDRESS	<b>NORTH 15TH STREET</b>	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, FRANCIS</b>	
STREET ADDRESS	<b>RT 3 BOX BOX 274</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>WAY, ELUPHIS JEROME</b>	
STREET ADDRESS	<b>694 JULIA STREET</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRKLAND, CARL</b>	
STREET ADDRESS	<b>OLD HARTS ROAD APT 1108</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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* **ROSELLA GADSON**

*April 4, 2003* **984-261-2108**

CR2E037 (10/02)