2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

SIGNATURE:

May 11, 2001 8:00 am[§] Secretary of State DOCUMENT # N0000000232 1. Entity Name PRAISE TEMPLE MINISTRIES CHURCH INC 05-11-2001 90110 029 ****61.25 Principal Place of Business Mailing Address 116 BAY WEST DR. 116 BAY WEST DR. 101012 ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip___ Country. Country 5.- Certificate of Status Desired ----Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DENMARK, REGINAL 116 BAY WEST DR. ORLANDO FL 32825 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition ☐ Delete TİTLE DENMARK, REGINAL NAME NAME STREET ADDRESS 116 BAY WEST DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 TITLE TITLE JOHNSON, BARBARA NAME STREET ADDRESS STREET ADDRESS 1716 24TH ST. CITY-ST-7IE CITY-ST-ZIE ORLANDO FL 32805 DST TITLE Change ☐ Addition TITLE ☐ Delete LEWIS, ROSEMARY NAME NAME STREET ADDRESS STREET ADDRESS 1342 HARRISON ST. Same CITY - ST - ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ■ Addition ŊΤ ☐ Delete TITI F TITLE FRAZIER, KIMBERLY NAME NAME STREET ADDRESS STREET ADDRESS 180 N. DIVISON ST. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete ☐ Change ☐ Addition TITLE DENMARK, CLEMENTINE NAME NAME STREET ADDRESS STREET ADDRESS 116 BAY WEST DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

Daytime Phone #