

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91009 039 ****70.00

DOCUMENT # N00000004802

1. Entity Name

ELOHIM MINISTRIES PRAISE & WORSHIP CENTER, INC.

Principal Place of Business

**1004 N. PINE HILLS ROAD
ORLANDO FL 32808**

Mailing Address

**1004 N. PINE HILLS ROAD
ORLANDO FL 32808**

837262



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3662401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARDY, ANTHONY
1004 N. PINE HILLS ROAD
ORLANDO FL 32808**

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 **PD** ☐ Delete
NAME **HARDY, ANTHONY**
STREET ADDRESS **1004 N. PINE HILLS ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **SD** ☐ Delete
NAME **GRIFFIN-HARDY, ROSE**
STREET ADDRESS **1004 N. PINE HILLS ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **VD** ☒ Delete
NAME **BROWN, CARLOS A**
STREET ADDRESS **1425 S. KIRKMAN ROAD, #2031**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VD** ☒ Change ☐ Addition
NAME **Lillie Turrell**
STREET ADDRESS **139 Ave I**
CITY-ST-ZIP **Apalachicola Fla 32320**

TITLE **SD** ☒ Delete
NAME **BROWN, HERMECA**
STREET ADDRESS **1425 S. KIRKMAN ROAD, #2031**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **MD** ☒ Change ☐ Addition
NAME **Bessie Hardy**
STREET ADDRESS **1411 Bush Blvd**
CITY-ST-ZIP **Birmingham Alabama**

TITLE **TD** ☒ Delete
NAME **WORKMAN, HELEN**
STREET ADDRESS **2763A BENT WILLOW CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **TD** ☒ Change ☐ Addition
NAME **Stephnia Turrell**
STREET ADDRESS **139 Ave I**
CITY-ST-ZIP **Apalachicola Fla 32320**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Rose Griffin Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 **407/445-7103**
Daytime Phone #

CR2E037 (10/00)