

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 022 ****70.00

DOCUMENT # N00296

1. Entity Name

FAITH TABERNACLE OF PRAISE CHURCH, INC.

Principal Place of Business

2367 Jennigan Rd
 5305 S.W. 63RD BLVD
 GAINESVILLE FL 32608
 Jacksonville, FL
 32207

Mailing Address

2367 Jennigan Rd,
 8371 LEW TURNER RD
 JACKSONVILLE FL 32208
 Jacksonville, FL
 32207

2. Principal Place of Business

2367 Jennigan Rd

3. Mailing Address

2367 Jennigan Rd

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3140190

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32207

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, LARRY
 6711 S.W. 63RD LANE
 GAINESVILLE FL 32608

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 **MITCHELL, LARRY**
 STREET ADDRESS **6711 SW 63RD LANE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MITCHELL, BONNIE R.**
 STREET ADDRESS **6711 SW 63RD LANE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **HICKS, QUEEN V**
 STREET ADDRESS **8179 GALAXIE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (904) 396-9811

CR2E037 (9/99)