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FILED
Jul 01, 2002 8:00 am
Secretary of State
05-01-2002 91562 023 ****70.00

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

DOCUMENT # N01000001033L

1. Entity Name
Faith Inspiration & Praise Ministry, Inc.

37047

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Faith Insp. & Praise Ministry, Inc.	← Same ←
Suite, Apt. #, etc.: 122 SW Broadway	Suite, Apt. #, etc.: PO BOX 770071
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34474 Country: USA	Zip: 34477 Country: USA

4. FEI Number: 59-3701789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anna Ha Peacock

Street Address (P.O. Box Number is Not Acceptable):
15768 SW 42nd Terr

City: Ocala FL Zip Code: 34473

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: Anna Ha Peacock error 5/15/02 error
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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

TITLE	President/Pastor "D"	TITLE	
NAME	Dennis V. Peacock Jr	NAME	
STREET ADDRESS	15768 SW 42nd Terr	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34473	CITY-ST-ZIP	
TITLE	Treasurer/Co-pastor "T"	TITLE	
NAME	Anneta Peacock	NAME	
STREET ADDRESS	15768 SW 42nd Terr	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34473	CITY-ST-ZIP	
TITLE	Secretary/Assistant Treasurer "T"	TITLE	
NAME	Cecilia Smith	NAME	
STREET ADDRESS	1800 NE 28th St	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Ocala, FL 34479	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Ha Peacock 4/15/02 245-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #