

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90009 012 ****62.50

DOCUMENT *NO10000001033*

1. Entity Name



Faith Inspiration
& Praise Ministry Inc.
P.O. Box 770071
Ocala, FL 34477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

122 SW Broadway

3. Mailing Address

P.O. Box 770071

Suite, Apt. #, etc.

Ocala, FL

Suite, Apt. #, etc.

City & State

34474

City & State

34474

Country

USA

Zip

34474

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Annetta Peacock

Street Address (P.O. Box Number is Not Acceptable)

3508 SW 157th LP (loop)

City

Ocala, FL

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

SIGNATURE

Annetta Peacock

Treasurer

6/9/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>D</i>	<i>Director/President</i>
NAME		<i>Dennis Peacock Jr</i>
STREET ADDRESS		<i>3508 SW 157th LP</i>
CITY-ST-ZIP		<i>Ocala, FL 34473</i>
TITLE	<i>T</i>	<i>Trustee/Treasurer/Secretary</i>
NAME		<i>Annetta Peacock</i>
STREET ADDRESS		<i>3508 SW 157th LP</i>
CITY-ST-ZIP		<i>Ocala, FL 34473</i>
TITLE	<i>T</i>	<i>Trustee/Secretary/Director</i>
NAME		<i>Cecilia Smith</i>
STREET ADDRESS		<i>4665-SW-131st Pl</i>
CITY-ST-ZIP		<i>Ocala, FL 34473</i>

TITLE	
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IN THIS SPACE**

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:

Annetta Peacock

6/9/03

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