

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

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91750 003 \*\*\*\*70.00

DOCUMENT # N01000001756  
1. Entity Name  
Faith Temple Apostolic PRAISE & worship CENTER INC

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95514

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 2. Principal Place of Business<br><del>1314 18th St</del><br><del>3620 Leonard Road Ave</del> |                          | 3. Mailing Address<br><u>1314 18th St.</u> |                          |
| Suite, Apt. #, etc.<br><u>3620 LEONARD ROAD AVE</u>   |                          | Suite, Apt. #, etc.                        |                          |
| City & State<br><u>SARASOTA FLA.</u>  |                          | City & State<br><u>SARASOTA FLA.</u>       |                          |
| Zip<br><u>34236</u>   | Country<br><u>U.S.A.</u> | Zip<br><u>34236</u>                        | Country<br><u>U.S.A.</u> |

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|   |  |   |                          |
|---|--|---|--------------------------|
| 4. FEI Number   |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |                          |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>      |  | \$8.75 Additional Fee Required                                    |                          |
| 7. Name and Address of Current Registered Agent                           |  |   |                          |
| Name <u>Lenoy McKnight Jr</u>   |  |   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>1314 18th St</u> |  |   |                          |
| City<br><u>SARASOTA</u>   |  | FL  | Zip Code<br><u>34236</u> |

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FEE IS \$61.25</b><br><b>Initial or Amended UBR</b> | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>President / Pastor</u><br><u>Lenoy McKnight Jr.</u><br><u>1314 18th St</u><br><u>SARASOTA FLA 34236</u>                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Vice President / Missionary / Treasurer</u><br><u>Paulette L. McKnight</u><br><u>1314 18th St</u><br><u>SARASOTA FLA 34236</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Trustee</u><br><u>Willie Wentz</u><br><u>2310 Maple Ave.</u><br><u>SARASOTA FLA 34236</u>                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 Lenoy McKnight Jr Pastor Date 5-11-02 Daytime Phone # 941-362-9268

CR2E037B (12/01)