

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003269

1. Entity Name
RAISE-TO-PRAISE CHRISTIAN FELLOWSHIP, INC.



FILED

04 MAR -8 AM 9:50

SECRET
TALLAHASSEE STATE
FLORIDA

Principal Place of Business
2328 APALACHEE PKWY.
TALLAHASSEE, FL 32301

Mailing Address
1543 BREAMSTONE RIDGE
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
02-0531379

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

BARBER, CLAUDETTE
1543 BREAMSTONE RIDGE
TALLAHASSEE, FL 32312

Name

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

600030599086

03/17/04--01025--007 **61.25

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 D ☐ Delete
NAME BARBER, CLAUDETTE
STREET ADDRESS 1543 BREAMSTONE RIDGE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME PATTERSON, LOUISE
STREET ADDRESS 1543 BREAMSTONE RIDGE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME BARBER, JAMESE
STREET ADDRESS 1543 BREAMSTONE RIDGE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Claudette Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-04