

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-07-2002 90044 026 ****61.25

DOCUMENT # N01000005559

1. Entity Name

TEMPLE OF PRAISE CHURCH OF GOD, INC.

Principal Place of Business

2817 N POWERS DRIVE
 ORLANDO FL 32818

Mailing Address

2817 N POWERS DRIVE
 ORLANDO FL 32818

22622

2. Principal Place of Business

Same As Above

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

4. FEI Number

59-3739 373

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

SMALLEY, CRAIG W
 1517 E HILLCREST STREET
 ORLANDO FL 32803

Name *Cynthia D. Leonard*

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

2817 N. Powers Dr.

City

Orlando

FL

Zip Code

32818

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the state of Florida.

SIGNATURE

Cynthia D. Leonard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	Josh Leonard III	
STREET ADDRESS	6602 Canterlea Dr	
CITY-ST-ZIP	Orlando FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josh Leonard III	
STREET ADDRESS	6602 Canterlea Dr	
CITY-ST-ZIP	Orlando FL 32818	
TITLE	DS Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia D. Leonard	
STREET ADDRESS	6602 Canterlea Dr	
CITY-ST-ZIP	Orlando FL 32818	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cassandra Jefferson	
STREET ADDRESS	4244 Lake Richmond Dr	
CITY-ST-ZIP	Orlando FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cynthia D. Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

Daytime Phone #

407-616-5892

CR2007 (9/01)