FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 04, 2002 8:00 am Secretary of State **DOCUMENT # N10120** 1. Entity Name 09-04-2002 90088 044 ****61.25 GOD'S CHURCH OF PRAISE, INCORPORATED Principal Place of Business Mailing Address C/O THEARTIS DAWSON C/O THEARTIS DAWSON 010107 2455 SANTANA AVENUE 2455 SANTANA AVENUE ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2949938 Not Applicable _-Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, THEARTIS Street Address (P.O. Box Number is Not Acceptable) 2455 SANTANA AVENUE ORLANDO FL 32811 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) 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME DAWSON, THEARTIS STREET ADDRESS 2455 SANTANA AVENUE STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ORLANDO FL TITLE SD ☐ Delete TITLE Change ☐ Addition NAME ORRIS. JOHN HENRY NAME STREET ADDRESS 817 EAST SOUTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE l. Delete TITLE Change ☐ Addition NAME MCKINNEY, ROOSEVELT L. NAME STREET ADDRESS 1126 DEWEY AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete Change . __ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

- 🔲 Change

Addition

TITLE

NAME

☐ Delete

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITEF

NAME

SIGNATURE: Allastis Valdanie THEART'S DAWSON 8/30/02 407-423-8050