

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90011 012 ****61.25

DOCUMENT # N15100

1. Entity Name

PRAYER TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

**1936 SAXON STREET
P.O. BOX 7651
TALLAHASSEE FL 32310**

**1936 SAXON STREET
P.O. BOX 7651
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0075711

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

**RICHARDSON, C.E.
2740 HICKORY RIDGE ROAD
TALLAHASSEE FL 32308**

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD RICHARDSON, C.E.**
STREET ADDRESS **2740 HICKORY RIDGE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD FLOYD, KATIE**
STREET ADDRESS **912 KRIDGE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD CAPHART, MAE**
STREET ADDRESS **8390 GLENDALIN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MICKLER, LUCINDA**
STREET ADDRESS **1417 E BREVARD #17**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D RICHARDSON, D'ANDRE**
STREET ADDRESS **2740 HICKORY RIDGE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D WHALEY, CLARA**
STREET ADDRESS **732 PRESTON ST**
CITY-ST-ZIP **TALLAHASSEE FL**

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)