

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # N15100

1. Entity Name
 PRAYER TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business 1936 SAXON STREET P.O. BOX 7651 TALLAHASSEE FL 32310	Mailing Address 1936 SAXON STREET P.O. BOX 7651 TALLAHASSEE FL 32310
---	---

2. Principal Place of Business 1936 SAXON STREET	3. Mailing Address 1936 SAXON STREET
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 7651
---------------------	--------------------------------------

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
--------------------------------	--------------------------------

Zip 32310	Country US	Zip 32310	Country US
--------------	---------------	--------------	---------------

4. FEI Number 58-0075711	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 RICHARDSON CHARLIE E
 Street Address (P.O. Box Number is Not Acceptable)
 2740 HICKORY RIDGE ROAD
 City
 TALLAHASSEE FL Zip Code
 32308

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 C.E. RICHARDSON DATE 04/27/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, CLARA 732 PRESTON ST TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, D 2740 HICKORY RIDGE RD TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKLER LUCINDA 1417 E BREVARD #17 TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPHART MAE 8390 GLEN DALIN ROAD TALLAHASSEE FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOYD KATIE 912 KRIDGE ROAD TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, C.E. 2740 HICKORY RIDGE RD TALLAHASSEE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D RICHARDSON, D'ANDRE 2740 HICKORY RIDGE RD TALLAHASSEE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TD DICKEY ELLA 1500 JOE LOUIS STREETROAD TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C.E. Richardson Dr. 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

BARBARA MCCASKILL
704 COBLE DR.

TALLAHASSEE, FL 32310

TERRY COLLINS
1103 CUERNO STREET

TALLAHASSEE, FL 32304