

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

0002460

**DOCUMENT # N33012**

1. Entity Name

**PRAISE FELLOWSHIP, INC.**



Principal Place of Business

**2480 EAST NINE MILE RD  
 PENSACOLA FL 32514**

Mailing Address

**2480 EAST NINE MILE RD  
 PENSACOLA FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2956719**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVEY, LOUIS E.  
 4740 CHRISTY DR  
 PENSACOLA FL 32504**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>SPIVEY, LOUIS E.</b>	<b>4740 CHRISTY DR PENSACOLA FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>D</b>	<b>MCGAHAN, DAVE A</b>	<b>220 E ETTA ST PENSACOLA FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>D</b>	<b>GILLIARD, CHARLES G.</b>	<b>6450 BARRINEAU LANE MOLINO FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>D</b>	<b>GAY, WILLIAM J</b>	<b>2185 KLINGER ST PENSACOLA FL 32514-6040</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Change  Addition  
**D**  
**SPIVEY, LOUIS E.**  
**1463 STEFANI CIR.**  
**CANTONMENT, FL 32533**

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: *SIGNATURE REQUIRED* **LOUIS E. SPIVEY** 8-7-01 (850)476-9293

CR2E037 (5/01)