

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43127

1. Entity Name

PRAISE AND WORSHIP CENTER, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90126 003 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1462
HAWTHORNE FL 32640

PO BOX 1462
HAWTHORNE FL 32640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3063039

Applied For

Not Applicable

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

JOHNSON, RUBBIN JOYCE
705 MW 3RD AVENUE
PO BOX 1462
HAWTHORNE FL 32640

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, RUBBIN JOYCE
705 NW 3RD AVENUE
HAWTHORNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rubbin Joyce Johnson ☐ Change ☐ Addition
2146 SE 65th Ave
Hawthorne FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, ALTA S.
HWY 301 NORTH
HAWTHORNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alta S Johnson ☐ Change ☐ Addition
5424 SE 501 Hwy
Hawthorne FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENNETT, CLEVETTE
RT. 2 BOX 421
HAWTHORNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clevette Bennet ☐ Change ☐ Addition
2804 N.E 19th ST
Gainesville FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Rubbin Joyce Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

352-481-2004

Daytime Phone #

CR2E037 (9/01)