2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44540

1. Entity Name

GREATER PRAISE TEMPLE OF TRUTH, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90223 020 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4377 CRAWFORDVILLE RD. UNIT C TALLAHASSEE FL 32308	P.O. BOX 14941 TALLAHASSEE FL 32317-4941

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 59-3098708 ☐ 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
LANE SR, MINISTER ROBERT 6086 PROCTOR RD. 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	TSMD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANE, EVELYN MINISTER		NAME	
STREET ADDRESS	6086 PROCTOR RD.		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANE, ROBERT SR MINISTER		NAME	
STREET ADDRESS	6086 PROCTOR RD.		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, AUDREY P		NAME	
STREET ADDRESS	341-H HICKORY HILL APT		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ 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	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (9/99)

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: Evelyn Lane REV. EVELYN D LANE February 26, 2000 893-4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #