NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90025 033 ****61.25

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DOCUMENT # N44540

1. Entity Name
Greater Praise Temple of Truth, Inc

4377 Crawfordville Rd.
Unit C
Tallahassee FL 32305

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 14941 Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL
Zip / Country	Zip: 32309 / Country: Leon

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3098708 ☐ Applied For ☑ Not Applicable

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

Minister Robert Lane, Sr.
6086 Proctor Rd
Tallahassee, FL 32309

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSMD Minister Evelyn Lane 6086 Proctor Rd Tallahassee, FL 32309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Minister Robert Lane, Sr. 6086 Proctor Rd Tallahassee, FL 32309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edith J. Davis	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	change address 2139 Wakulla St Tallahassee, FL 32310
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn Lane, Evelyn Lane 4-7-04 (850)893-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #