

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90086 001 ****61.25

0075464

DOCUMENT # N46901

1. Entity Name

TABERNACLE OF PRAISE, INC.

Principal Place of Business

Mailing Address

**350 N JOG RD
WEST PALM BEACH FL 33413
US****350 N. JOG RD.
WEST PALM BEACH FL 33413
US**

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

65-0302422

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

**PRICE, BRENDA L
350 N JOG ROAD
WEST PALM BEACH FL 33413**

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

Brenda L Price

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 ☐ Delete
NAME **D WILLIAMS, BRENDA L**
STREET ADDRESS **5769 COCONUT BOULEVARD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE ☒ Change ☐ Addition
NAME *Price, Brenda L*
STREET ADDRESS *350 N. Jog Rd*
CITY-ST-ZIP *West Palm Beach, FL 33413*TITLE ☐ Delete
NAME **DP UPTHEGROVE, PANSY R**
STREET ADDRESS **300 N JOG RD**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT DEFFENBAUM, GEORGIA E**
STREET ADDRESS **5769 COCONUT BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DV WHITE, CYNTHIA L**
STREET ADDRESS **320 SHADY LANE**
CITY-ST-ZIP **LAKE WORTH FL 33461**TITLE ☒ Change ☐ Addition
NAME *Price, Billy R*
STREET ADDRESS *350 N. Jog Rd*
CITY-ST-ZIP *West Palm Beach FL 33413*TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)