

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90465 006 ****61.25

DOCUMENT # N46901

1. Entity Name

TABERNALE OF PRAISE, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

350 N. Jog Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

West PALM BEACH

City & State

4. FEI Number **65-0302422**

Applied For

Not Applicable

Zip

33413

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New 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 Brenda L Price **BRENDA L PRICE (Same Registered Agent)**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **PRICE, BRENDA L**
STREET ADDRESS **350 NORTH JOG ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **DP** ☐ Delete

NAME **UPTHEGROVE, PANSY R**
STREET ADDRESS **300 N JOG RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DT** ☐ Delete

NAME **DEFFENBAUM, GEORGIA-E**
STREET ADDRESS **5769 COCONUT BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **DV** ☐ Delete

NAME **PRICE, BILLY R**
STREET ADDRESS **350 NORTH JOG ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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:

BRENDA L PRICE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2003

Date

Daytime Phone #

CR2E037 (10/02)