2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am [§] Secretary of State ชื่อcument # N9500000626 1. Entity Name GENERATIONS UNITED IN PRAISE, INC. 04-17-2001 90158 006 ****61.25 Principal Place of Business Mailing Address 7 S. PLUM STREET 7 S. PLUM STREET PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3298491 Not Applicable - ** Country *** ** Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENRY, BESSIE J 7 S. PLUM STREET PLANT CITY FL 33567 Zip Code FL 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. 4-8-2001 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE PD ☐ Delete NAME HENRY, BESSIE J NAME STREET ADDRESS STREET ADDRESS 7 S. PLUM STREET CITY-ST-ZIP CITY-ST-ZIP <u>PLANT CITY FL 33567</u> ☐ Change ☐ Delete TITLE ☐ Addition TITLE **VPD** NAME POLK, RICKY REV NAME STREET ADDRESS STREET ADDRESS .704-WEST-RENFRO:STREET CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 Change ■ Addition TITLE Delete TITLE NAME MARSHALL, RHONDA NAME STREET ADDRESS STREET ADDRESS 7 S. PLUM STREET CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME GRIFFIN, VERA STREET ADDRESS STREET ADDRESS 714 W. ALSOBROOK STREET CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete ☐ Change ☐ Addition MITCHELL, CHERRY NAME NAME STREET ADDRESS STREET ADDRESS 1404 HOLLOMAN ROAD CITY-\$T-ZIP CITY-ST-ZIP PLANT CITY FL 33567 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

GNATURE: MSC/5688 CE HEM OUT PESIDENT 4-8-2001 (813)754-410

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