

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000626 *

1. Entity Name

GENERATIONS UNITED IN PRAISE, INC.



Principal Place of Business

7 S. PLUM STREET
PLANT CITY, FL 33567

Mailing Address

7 S. PLUM STREET
PLANT CITY, FL 33567



01112004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, BESSIE J
7 S. PLUM STREET
PLANT CITY, FL 33567

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IN THIS SPACE**

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

Mrs. Bessie J. Henry

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

(NOTE: Registered Agent signature required when reinstating)

04-05-2004

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000105764
04/07/04-80038-01A 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENRY, BESSIE J
STREET ADDRESS 7 S. PLUM STREET
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VPD
NAME POLK, RICKY REV
STREET ADDRESS 704 WEST RENFRO STREET
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE SD
NAME MARSHALL, RHONDA
STREET ADDRESS 7 S. PLUM STREET
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TD
NAME MARSHALL, RHONDA
STREET ADDRESS 7 S. PLUM ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D
NAME CHERRY, MITCHELL
STREET ADDRESS 1404 HOLLOMAN ROAD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE SD
NAME WILLIS THOMAS, NATASHA
STREET ADDRESS 7 S. PLUM ST
CITY-ST-ZIP PLANT CITY, FL 33563

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IN THIS SPACE**

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: *Mrs. Bessie J. Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-2004 (813)754-4106

Date

Daytime Phone #