

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90085 044 ****61.25

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**

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 **59-3298491**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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 *Bessie Henry*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-30-2003

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

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

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

TITLE **TD** ☒ Delete
NAME **GRIFFIN, VERA**
STREET ADDRESS **714 W. ALSOBROOK STREET**
CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **AS** ☒ Delete
NAME **WILLIS THOMAS, NATASHA**
STREET ADDRESS **7 SOUTH PLUM STREET**
CITY-ST-ZIP **PLANT CITY FL 33567**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TD Marshall, Rhonda**
STREET ADDRESS **7 S. Plum Street**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SD Willis Thomas, Natasha**
STREET ADDRESS **7 S. Plum Street**
CITY-ST-ZIP **Plant City, FL 33563**

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:

President

03-30-2003 (813) 754-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)