

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91176 012 ****61.25

DOCUMENT # N95000000838

1. Entity Name

HIGH PRAISE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

6180 FT CAROLINE RD
 UNITS 1 AND 2
 JACKSONVILLE FL 32277

6180 FT CAROLINE RD
 UNITS 1 AND 2
 JACKSONVILLE FL 32277

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

59-3197574

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

TAYLOR, ROBIN F

6180 FT CAROLINE RD
 UNITS 1 AND 2
 JACKSONVILLE FL 32277

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVT
 TAYLOR, ROBIN F
 5458 CAXPAW LANE
 JACKSONVILLE FL 32277**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 WILLIS, ROBIN
 4060 BAROS RD, #104
 JACKSONVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JOHNSON, PAMELA
 5458 CAXPAW
 JACKSONVILLE FL 32277**

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Division of Corporations P.O. Box 6327
 Jacksonville, Florida 32211*

CR2E037 (10/00)