

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001284

1. Entity Name

TEMPLE OF PRAISE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

321 ~~ANTON DRIVE~~  
TALLAHASSEE FL 32312  
US

Mailing Address

321 ~~ANTON DRIVE~~  
TALLAHASSEE FL 32312-1401  
US

2. Principal Place of Business

10972 HEARTWOOD HILLS  
Suite, Apt. #, etc. 2ND

3. Mailing Address

10972 HEARTWOOD HILLS  
Suite, Apt. #, etc. 3RD

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32311

Country

USA

Zip

32311

Country

USA

6. Name and Address of Current Registered Agent

JONES, PASTOR DAVID

321 ~~ANTON DRIVE~~ 10972 HEARTWOOD HILLS BLVD  
TALLAHASSEE FL 32312-1401 32311

4. FEI Number

59-3349264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO LAWS, ANGELA K 7000 ATASEADERO LANE TALLAHASSEE FL 32311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO STREATER, ROBERT II 2414 ATLAS ROAD 2318 VINKARA Drive TALLAHASSEE FL 32306 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXIS, ROLIN 324 E. PERSHING ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID 321 <del>ANTON DR</del> 10972 HEARTWOOD HILLS BLVD TALLAHASSEE FL 32312 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JENNIFER L 321 <del>ANTON DRIVE</del> 10972 HEARTWOOD HILLS BLVD TALLAHASSEE FL 32312 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO STREATER, MALVERN 2318 VINKARA Drive TALLAHASSEE FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01  
Date

219-8850  
Daytime Phone #

CR2E037 (10/00)

0014804

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90343 029 \*\*\*\*61.25

