

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002382

1. Entity Name

HIGH PRAISE WORSHIP CENTER, INC.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90081 050 \*\*\*\*70.00

Principal Place of Business

17045 S DIXIE HWY  
MIAMI FL 33157  
US

Mailing Address

POB 700701  
MIAMI FL 33170  
US

2. Principal Place of Business

17045 S DIXIE HWY

3. Mailing Address

POB 700701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

Zip

33170

Country

4. FEI Number

65-0749013

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUNT, ROGER  
19035 S.W. 112TH PL.  
MIAMI FL 33157

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

*Roger Hunt*

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	HUNT, R	
STREET ADDRESS	19035 SW 112 PL	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, B	
STREET ADDRESS	11757 SW 213 ST	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, M	
STREET ADDRESS	22705 SW 126TH AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, D	
STREET ADDRESS	25853 SW 112 PL	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAME, FREDDY	
STREET ADDRESS	1440 LOON CT	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jame FREED	
STREET ADDRESS	1440 LOON CT	
CITY-ST-ZIP	HOMESTEAD	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Joyce Deberry	
STREET ADDRESS	423 N.W. 9th AVE	
CITY-ST-ZIP	MIAMI FL 33136	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-243-0071

CR2E037 (5/00)