

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90041 004 ****61.25

DOCUMENT # N97000003669

1. Entity Name

BLESSED TEMPLE OF PRAISE MINISTRIES, INC.

Principal Place of Business

**8439 SUDA TRAIL
TALLAHASSEE FL 32312**

Mailing Address

**8439 SUDA TRAIL
TALLAHASSEE FL 32312**

2. Principal Place of Business

4560 Thomasville Rd

Suite, Apt. #, etc.

3. Mailing Address

8415 Suda Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

4. FEI Number

59-3571457

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, FRANKIE J
8439 SUDA TRAIL
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8415 Suda Trail

City

Tallahassee

FL

Zip Code

32312

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

Frankie J. Richardson **Frankie J. Richardson** **4/30/01**

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

(NOTE: Registered Agent signature required when re-registering)

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 **CD** ☐ Delete
NAME **RICHARDSON, H. CLEVELAND**
STREET ADDRESS **8439 SUDA TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VCD** ☐ Delete
NAME **RICHARDSON, FRANKIE J**
STREET ADDRESS **8439 SUDA TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **T** ☐ Delete
NAME **WILLIAMS, ANDRE L**
STREET ADDRESS **12990 MICCOSUKEE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **T** ☐ Delete
NAME **WILLIAMS, PHOEBE A**
STREET ADDRESS **12990 MICCOSUKEE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8415 Suda Trail**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8415 Suda Trail**
CITY-ST-ZIP

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

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

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:

Frankie J. Richardson **Frankie J. Richardson** **668-7938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)