

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004658

1. Entity Name

TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90044 050 ****65.00

Principal Place of Business

Mailing Address

4427 EMERSON ST
BLDG 1-SUITE 3
JACKSONVILLE FL 32207

4427 EMERSON ST
BLDG 1-SUITE 3
JACKSONVILLE FL 32207-4969

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3462740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, JIMMY L
4427 EMERSON ST
BLDG 1-SUITE 3
JACKSONVILLE FL 32207

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

James C. Stephens
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

5/25/2000

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 PD ☐ Delete
NAME HILL, JIMMY L
STREET ADDRESS 2602 SANDUSKY AVE E
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE VP ☐ Delete
NAME PITTMAN, GREGG L
STREET ADDRESS 2426 SEABURY PLACE N
CITY-ST-ZIP JACKSONVILLE FL 32246

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

TITLE ST ☐ Delete
NAME HILL, VALARIE J
STREET ADDRESS 2602 SANDUSKY AVE E
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE D ☐ Delete
NAME STAFFORD, LAWRENCE C
STREET ADDRESS 3334-1 BILLS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE P ☐ Delete
NAME WILLIAMS, GARY C
STREET ADDRESS 5312 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE P ☐ Delete
NAME MADISON, MICHAEL
STREET ADDRESS 3933 HICKORY GROVE DR
CITY-ST-ZIP JACKSONVILLE FL 32277

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:

James C. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/2000 904 3961995

CR2E037 (9/99)