

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004658

1. Entity Name

TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.

Principal Place of Business

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

Mailing Address

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

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

59-3462740

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

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

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	PD	<input type="checkbox"/> Delete
NAME	HILL, JIMMY L	
STREET ADDRESS	2602 SANDUSKY AVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PITTMAN, GREGG L	
STREET ADDRESS	2426 SEABURY PLACE N	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HILL, VALARIE J	
STREET ADDRESS	2602 SANDUSKY AVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, LAWRENCE C	
STREET ADDRESS	3334-1 BILLS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY C	
STREET ADDRESS	5312 HERONVIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	P	<input type="checkbox"/> Delete
NAME	MADISON, MICHAEL	
STREET ADDRESS	3933 HICKORY GROVE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mrs. Aaron Hill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12845 Coaptiva Ct.	
STREET ADDRESS	Jax Fla. 32225	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 93605 001 \*\*\*\*48.00

05-29-2002 93605 002 \*\*\*\*13.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

11/1/02 904-398-8070