

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012436

DOCUMENT # N97000006185

1. Entity Name

PRAISE OUTREACH BIBLE STUDY CHURCH INC.



APPROVED
AND
FILED

03 SEP 11 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4305 NORTH 36TH STREET
TAMPA FL 33610

Mailing Address

4305 NORTH 36TH STREET
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3471993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, JOSEPHINE ELDER
N. 15TH STREET
TAMPA FL 33612

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JOHNSON, GLORIA PASTOR
STREET ADDRESS 4009 EAST LOUISIANA AVENUE
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME 300022965953
STREET ADDRESS 09/11/03--01054--003 **\$1.25
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, DORENE
STREET ADDRESS 3508 EAST GENESEE STREET
CITY-ST-ZIP TAMPA FL 33610

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

TITLE TD ☐ Delete
NAME HANNAH, PAMELA
STREET ADDRESS 2006-A MULBERRY DRIVE
CITY-ST-ZIP TAMPA FL 33604

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

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: *Pastor Gloria Johnson*

9-3-03 (8/2) 231-9174

CR2E037 (4/03)