

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

FILED
May 30, 2002 8:00 am
Secretary of State

04-28-2002 90780 020 ****70.00

DOCUMENT # **N98000000811**

1. Entity Name

CONCEPTS AND PRECEPTS, INC.

DO NOT WRITE IN THIS SPACE

89993

2. Principal Place of Business

4745 JACKSON BLUFF RD.

Suite, Apt. #, etc.

LOT # 108

City & State

TALLAHASSEE

Zip

32310

Country

U.S.A.

3. Mailing Address

4745 JACKSON BLUFF RD.

Suite, Apt. #, etc.

LOT # 108

City & State

TALLAHASSEE

Zip

32310

Country

U.S.A.

4. FEI Number

59-3501285

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PAUL S. HOLMES

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

4745 JACKSON BLUFF RD. LOT # 108

City

TALLAHASSEE

FL

Zip Code

32310

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IN THIS SPACE**

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

Paul S. Holmes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

**FEE IS \$61.25
Initial or Amended UBR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PASTOR - D
PAUL S. HOLMES
4745 JACKSON BLUFF RD. LOT 108
TALLAHASSEE, FL. 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASSISTANT PASTOR - D
SHIRLEY M. HOLMES
4745 JACKSON BLUFF RD. LOT 108
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
Sylvia Hall
857 W. DENT ST.
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E037B (12/01)