## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800003095

1. Entity Name

## SHEKINAH GLORY PRAISE AND WORSHIP CENTER, INC.



FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90429 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

58 HOLIDAY I HAINES CITY		58 HOLIDAY MANOR HAINES CITY FL 33844				ชบบ59251				
6 Principal D	lace of Business	3. Mailing Address								
z. Principal P	lace of business	3. Ividility Address						ENG <b>RUNN</b> (1641 <b>PR</b> 164	I ETOT OTHER	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI	Numbe	59-3559008		pplied For lot Applicable		
Zip Country		Zip Cour		entry	5. Certificate		of Status Desired		Iditional ed	
	6. Name and Address of Curre	nt Registered Agent			7. Nam	e and	Address of New Register	ed Agent		
			Name Street Address			<b>-</b>				
	, robert jr					Numbe	er is Not Acceptable)			
	AY MANOR			, i						
MAINES	CITY FL 33844		City					Zip Co	de	
0 The stee	named entity submits this statement	for the purpose of changing its	ragister	ed office or rea	nietered agent	or bot			·	
o. The above	Harried Striky Sassinio this statement	To the purpose of or or origing we			<b>3</b>					
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registere	d Agent signature re	equired when reinsta	itino)	DA	TE	<del></del>	
	olghatura, typed of printed frame of registered ag	on the mappings.	- riugiaiaru		<u> </u>			<del></del>	<del></del>	
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.  Trust Fund Contribution.			Make Check Payable to d to Fees  Make Check Payable to Department of State				
10.	OFFICERS AND	DIRECTORS	11.		ADDITION	is/CH/	ANGES TO OFFICERS AND	DIRECTORS I	N 10	
TITLE	PT	□ Delete	TITL				W11	☐ Change	Addition	
NAME	RICHARD, ROBERT JR		NAM	ie i						
STREET ADDRESS	58 HOLIDAY MANOR			EET ADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844		CITY	-ST-ZIP						
TITLE	VPT	☐ Delete	TITL					☐ Change	☐ Addition	
NAME	RICHARD, LILLIE		NAM							
STREET ADDRESS	58 HOLIDAY MANOR			EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	HAINES CITY FL 33844				· · · · · ·		<u> </u>	Channe	Addition	
TITLE	ST HOBVING BETTY	☐ Delete	TITL					□ onango		
NAME STREET ADDRESS	HOPKINS, BETTY 58 HOLIDAY MANOR			EET ADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844			'-ST-ZIP						
TITLE	ST	. Delete	TITL	ε				Change	Addition	
NAME	ELLERBEE, SONIA	<u> </u>	NAM							
STREET ADDRESS	58 HOLIDAY MANOR		STR	EET ADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844		CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL	E			<del> </del>	Change	☐ Addition	
NAME			NAN	4E						
STREET ADDRESS				EET ADDRESS						
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TITLE		☐ Delete	TITL	ε .				Change	☐ Addition	
NAME			NAM							
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	1		CIT	/-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

NATURE SEQUIRALIZE Rich

chard)

863-422-528

R2E037 (10/00)