

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90436 025 \*\*\*\*70.00

**DOCUMENT # N98000006640**

1. Entity Name

**SALVATION HOUSE OF PRAISE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

620 NE 59TH COURT  
 FT. LAUDERDALE FL 33334

620 NE 59TH COURT  
 FT. LAUDERDALE FL 33060-0001

2. Principal Place of Business

3. Mailing Address

1941 N Dixie  
 Suite, Apt. #, etc.

P.O. Box 6129  
 Suite, Apt. #, etc.

Bay 4 and 5  
 City & State

Station #1  
 City & State

Pompano Beach FL  
 Zip Country

Pompano Beach FL  
 Zip Country

33060

33060



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866878

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

TURNQUEST, PATRICK  
 620 NE 59TH COURT  
 FT. LAUDERDALE FL 33334

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

*Patrick Turnquest* President

4/20/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEES 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	PO	<input type="checkbox"/> Delete
NAME	TURNQUEST, PATRICK	
STREET ADDRESS	620 NE 59TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNQUEST, JANET	
STREET ADDRESS	620 NE 59TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, PETER	
STREET ADDRESS	216 NE 1ST AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOSSFIELD, MARILYN	
STREET ADDRESS	7833 TROPACANA	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lavaghin, Lewis	
STREET ADDRESS	1691 N Cypress Rd	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene Grant	
STREET ADDRESS	850 E Commercial Blvd.	
CITY-ST-ZIP	ft. Lauderdale FL 33334	
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: *Patrick Turnquest* (PATRICK TURNQUEST) 4/20/00 (954) 7811135

CR2E037 (9/99)