

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90069 020 \*\*\*\*70.00

**DOCUMENT # N98000006640**

1. Entity Name

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

Principal Place of Business

Mailing Address

1730 NW 1ST WAY  
 POMPANO BEACH FL 33060

1730 NW 1ST WAY  
 STATION #1  
 POMPANO BEACH FL 33060

2. Principal Place of Business

1400 N.E 32 PL

3. Mailing Address

1400 NE 32 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33064

Country

U.S.A.

Zip

33064

Country

U.S.A.

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

1730 N.W. 1ST WAY

POMPANO BEACH FL 33060

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

After September 13, 2002,  
 min. will be \$236.25.

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	TURNQUEST, PATRICK	
STREET ADDRESS	1730 NW 1ST WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	TURNQUEST, JANET	
STREET ADDRESS	1730 N.W. 1ST WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	GRANT, MARLENE	
STREET ADDRESS	1350 N.E. 50 TH CT APT #404	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRACCNAN, RICARDO	
STREET ADDRESS	1730 N.W. 1ST WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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		
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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* **TURNQUEST** 9, 10, 02 (954) 3666782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)