

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001183

1. Entity Name

HIGHER PRAISE CATHEDRAL INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90180 011 ****76.50

Principal Place of Business

644 DORAL LANE
MELBOURNE FL 32940

Mailing Address

644 DORAL LANE
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILMORE, JENNIFER
644 DORAL LANE
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Robin Fields

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

644 DORAL LANE

City

Melbourne

FL

Zip Code

32940

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

ROBIN FIELDS

Robin Fields

2/27/01

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

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	VD	<input type="checkbox"/> Delete
NAME	GILMORE, STEVE	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILMORE, JENNIFER L	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ENGLISH, JAMES	
STREET ADDRESS	110 DIVISION STREET	
CITY-ST-ZIP	DAYTONA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FLUELLEN, SHIRLEY	
STREET ADDRESS	627 EAST WALKER STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, MARY	
STREET ADDRESS	1086 MASTER STREET	
CITY-ST-ZIP	MELBOURNE FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Fields	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobbie Galvin	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudette Weston	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
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:

Bobbie Galvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

321-253-2849

Date

Daytime Phone #

CR2E037 (10/00)