

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001379

1. Entity Name

FELLOWSHIP IN PRAISE FAMILY WORSHIP CENTER CLG I

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90076 039 ****70.00

Principal Place of Business

4662 OLIVIA STREET
 ORLANDO FL 32811

Mailing Address

4662 OLIVIA STREET
 ORLANDO FL 32811-3859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-355-8747

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

FLORENCE, ARTHUR L
 36909 FORESTDEL DR
 EUSTIS FL 32726

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOBLEY, PAMELA E	
STREET ADDRESS	4619 WASSEE CT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANGELENE	
STREET ADDRESS	4231 PRINCE HALL BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL J SR	
STREET ADDRESS	4662 OLIVIA STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL J JR	
STREET ADDRESS	4662 OLIVIA STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, CYNTHIA P	
STREET ADDRESS	4662 OLIVIA STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHIRLEY	
STREET ADDRESS	500 SUNSET DR	
CITY-ST-ZIP	ORLANDO FL 32805	

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	
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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)(f), 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: Cynthia P. Roberts 4/24/00 (407) 299-8822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR/E037 (9/99)