

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N99000001379**

1. Entity Name

**FELLOWSHIP IN PRAISE FAMILY WORSHIP CENTER CLG I**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLORENCE, ARTHUR L  
 36909 FORESTDEL DR  
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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: **CYNTHIA P. ROBERTS** **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)