

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90021 027 \*\*\*\*61.25

**DOCUMENT # NO1000006026**

1. Entity Name

**HIGHER PRAISE AND WORSHIP CENTER, INC. SOUTH MIA  
MI CHURCH OF GOD OF PROPHECY**

Principal Place of Business

Mailing Address

6610 SW 59TH PL.  
S. MIAMI FL 33143

6610 SW 59TH PL.  
S. MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1135944

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

7. Name and Address of New Registered Agent

**GRAHAM, PANSY  
14816 CARVER DR.  
MIAMI FL 33176**

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  Delete  
NAME **PD GRAHAM, PANSY**  
STREET ADDRESS **14816 CARVER DR.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D BROWN, ROY**  
STREET ADDRESS **8880 SW 126TH ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SWEETING, ADRIANA**  
STREET ADDRESS **6261 SW 58TH CT.**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V HERON, WANTWORTH**  
STREET ADDRESS **4998 SW 8TH CT.**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD RAYMOND, PETRONA**  
STREET ADDRESS **6466 SW 26TH ST.**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S ROBINSON, PATRICIA**  
STREET ADDRESS **12620 SW 188TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE  Change  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: *Petrona Raymond*  
**Petrona Raymond**  
Treasurer

2/18/02 561-338-5158

CR2E037 (9/01)