

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000006106**

Entity Name

HE'S WORTHY TO BE PRAISED MINISTRY INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:19

1. Principal Place of Business P O BOX 880423 PORT ST LUCIE FL 34988-0423	Mailing Address P O BOX 880423 PORT ST LUCIE FL 34988-0423
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE
03-31-00 90078 040 \$61.25

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, EDDIE L JR
3208 SE QUAY STREET
PORT ST LUCIE FL 34984

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE: President	<input type="checkbox"/> Delete	
NAME: Eddie Lee Anderson Jr.		
STREET ADDRESS: 3208 S.E. Quay St.		
CITY-ST-ZIP: Port St. Lucie, FL 34984		
TITLE: Treasurer	<input type="checkbox"/> Delete	
NAME: Carol F. Lyn-Cook/Anderson		
STREET ADDRESS: 3208 S.E. Quay St.		
CITY-ST-ZIP: Port St. Lucie, FL 34984		
TITLE: Secretary	<input type="checkbox"/> Delete	
NAME: Sherrie Bailey		
STREET ADDRESS: 241 Tulip Blvd.		
CITY-ST-ZIP: Port St. Lucie, FL 34953		
TITLE: Event Coordinator	<input type="checkbox"/> Delete	
NAME: Olive Hyde		
STREET ADDRESS: 8815 Paradise Drive		
CITY-ST-ZIP: Tamarac, FL 33321		
TITLE: Technical Adviser	<input checked="" type="checkbox"/> Delete	
NAME: Phillip Newville		
STREET ADDRESS: 80 Daniel Blvd.		
CITY-ST-ZIP: Bloomfield, Connecticut 06002		
TITLE: _____	<input type="checkbox"/> Delete	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

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: Event Coordinator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: Olive Hyde		
STREET ADDRESS: 8815 Paradise Dr.		
CITY-ST-ZIP: Tamarac, FL 33321		
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: *Eddie Lee Anderson Jr.* 9-11-00 561-878-8093