

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29667

1. Entity Name

PARTNERS IN PRAYER INTERNATIONAL, INC.

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90082 010 ****70.00

Principal Place of Business

Mailing Address

1655 NE 55 STREET
FT. LAUDERDALE FL 33364
US

PO BOX 11509
FT. LAUDERDALE FL 33339
US

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

65-0109245

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

JACKSON, CATHY
1655 NE 55TH STREET
FT. LAUDERDALE FL 33334

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 PTD
NAME JACKSON, CATHY
STREET ADDRESS 1655 N.E. 55TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROBERT SUTTON
STREET ADDRESS 860 OLEANDER DR
CITY-ST-ZIP PLANTATION FL 33317 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LIPP, MARION H.
STREET ADDRESS 2210 NE 56TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME LAMBERTUS, DONNA
STREET ADDRESS 2306 CYPRESS BEND DR., #119-B
CITY-ST-ZIP POMPANO BEACH FL 33069 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME CHARLES MANASSEH
STREET ADDRESS 6863 NW 24 WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NEIL SPALDING
STREET ADDRESS 6818 N. GENEVA RD.
CITY-ST-ZIP SODUS, NY 14551 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CATHY JACKSON
Cathy Jackson 3/14/02 (954) 938-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)