

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 041 ****61.25

DOCUMENT # N29667

1. Entity Name
PARTNERS IN PRAYER INTERNATIONAL, INC.



Principal Place of Business
**1655 NE 55 STREET
FT. LAUDERDALE, FL 33364 US**

Mailing Address
**PO BOX 11509
FT. LAUDERDALE, FL 33339 US**

2. Principal Place of Business
1655 NE 55 Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)



City & State
Fort Lauderdale FL
Zip
33334 Country
USA

City & State
FL
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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MANASSEH, CHARLES
6863 NW 24 WAY
FORT LAUDERDALE, FL 33309** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LIPP-PERL, MARION
331 SW 8 STREET #2F
BOCA RATON, FL 33432** ☒ Change ☐ Addition

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

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

TITLE
NAME
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☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 954-771-3298