

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90151 019 ****70.00

DOCUMENT # F01000005030

1. Entity Name

THEE REFINERS FIRE MINISTRIES OF PRAYER, INC.



Principal Place of Business

**8775 NW 36TH STREET
BLDG 1 SUITE 302
SUNRISE FL 33351
US**

Mailing Address

**8775 NW 36TH STREET
BLDG 1 SUITE 302
SUNRISE FL 33351
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 **74-2957641**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, BEVERLEY B.
19930 NW 3RD COURT
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

Paul, Vera

Street Address (P.O. Box Number is Not Acceptable)

8775 NW 36th St #302 Suite

City

Sunrise

FL

Zip Code

33351

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

Paul F Paul

6 May 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PAUL, VERA**
STREET ADDRESS **8775 NW 36 STREET, BLDG 1, #302**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VP** ☐ Delete
NAME **PAUL, EMANUEL**
STREET ADDRESS **6900 LANDINGS DR UNIT 208**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **S** ☒ Delete
NAME **WILLIAMS, BEVERLEY**
STREET ADDRESS **19930 NW 3RD COURT**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **AS** ☒ Delete
NAME **THOMAS, BARBARA**
STREET ADDRESS **20135 E OAKMONT CIRCLE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **T** ☐ Delete
NAME **LOMBARD, CHRISTINE**
STREET ADDRESS **8775 NW 36TH ST, BLDG 1 SUITE 302**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **AT** ☐ Delete
NAME **CADOGAN, ELSIE**
STREET ADDRESS **4287 REFLECTIONS BLVD APT 202**
CITY-ST-ZIP **SUNRISE FL 33351**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **Lombard, Christine**
STREET ADDRESS **8775 NW 36th St #302 Suite**
CITY-ST-ZIP **Sunrise, FL 33351**

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

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

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:

Signature of Paul F Paul 6 May 03 (954) 748-9429

CREE037 (10/02)