

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90100 050 \*\*\*\*70.00

**DOCUMENT # N00000003089**

1. Entity Name

**PRAISE AND WORSHIP CHRISTIAN FELLOWSHIP MINISTRIES & CHURCH, INC.**

Principal Place of Business

Mailing Address

293618J TANGLEWOOD DRIVE  
 CLEARWATER FL 33759

P.O. BOX 17822  
 CLEARWATER FL 33762

**DUPLICATE**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3643310**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CUTLIFF, YATE K**  
**501 1ST AVE. NORTH, STE. 507**  
**ST. PETERSBURG FL 33701**

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 **D SMITH, GEORGE**  
 STREET ADDRESS **970 20TH ST. S.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☒ Addition  
 NAME **D Jose Torres**  
 STREET ADDRESS **101 K Sandelewood Dr.**  
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ Delete  
 NAME **D PEARSON, NORMAN P JR. REV**  
 STREET ADDRESS **3620 41ST WAY SOUTH, UNIT 73B**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

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

TITLE ☒ Delete  
 NAME **D PEARSON, CLARICE**  
 STREET ADDRESS **3620 41ST WAY SOUTH, UNIT 73B**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☒ Addition  
 NAME **D Margie Webb**  
 STREET ADDRESS **1190 Blvd**  
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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]* **SIGNATURE REQUIRED** *Norman Pearson* **4/30/02 (727) 712 9003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)