


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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90255 007 \*\*\*\*70.00

**DOCUMENT # N00000003565**

1. Entity Name  
**CHAY PRAYER MINISTRY, INC.**



Principal Place of Business  
**1613 NW 1 PL.  
SUITE #1  
MIAMI FL 33127**

Mailing Address  
**P.O. BOX 680043  
MIAMI FL 33168-0043**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

4. FEI Number **65-1121376**

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

**MCCLAIN, AYESHA  
1613 NW 1 PL.  
SUITE #1  
MIAMI FL 33127**

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 *Ayesha McClain*

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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, AYESHA</b>	
STREET ADDRESS	<b>1613 NW 1 PL. STE #1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHARIF, RASHEEDAH</b>	
STREET ADDRESS	<b>2386 NW 96 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, AYESHA</b>	
STREET ADDRESS	<b>1613 NW 1 PL. STE 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHARIF, OMAR</b>	
STREET ADDRESS	<b>1745 NW 32 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHARIF, AYESHA</b>	
STREET ADDRESS	<b>2386 NW 96 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERKE, ELOUISE</b>	
STREET ADDRESS	<b>14050 NE 16 AVE. #618</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	

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		<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		

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)* **03-31-03 305-205-5768**

CR2E037 (10/02)