

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 007 ****61.25

0055710

DOCUMENT # N00000006959

1. Entity Name

PRAYER, PRAISES, & WORSHIP, & DELIVERANCE CENTER, INC.



Principal Place of Business

923 25TH STREET, EAST
BRADENTON FL 34208

Mailing Address

923 25TH STREET, EAST
BRADENTON FL 34208

2. Principal Place of Business

2406-9th St. West 923-25th St. E.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Florida

Zip

34208

Country

Manatee

Zip

34208

Country

Manatee

4. FEI Number 65-1055363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOFIELD, P. ALLEN
1429 16TH AVENUE, WEST
SUITE 300
BRADENTON FL 34207

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

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 PD
NAME HINES, JAUNITA
STREET ADDRESS 923 25TH STREET, EAST
CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete

TITLE SD
NAME HARVEY, DEBRA
STREET ADDRESS 1196 44TH STREET
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE TD
NAME MARTIN, TERESSA V
STREET ADDRESS 1517-19TH ST CT E
CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete

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

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

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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:

Jaunita Hines

4-29-03 941-748-2532

CR2E037 (10/02)