

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90620 049 ****61.25

DOCUMENT # N01000000506

1. Entity Name

PROPHETIC ENRICHMENT CENTER, INCORPORATED

Principal Place of Business

Mailing Address

3504-A WEST SCOTT STREET
 PENSACOLA FL 32505

3504-A WEST SCOTT STREET
 PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3704078

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

Rankins
JONES, WANDA
 1230 WEST MAXWELL STREET
 PENSACOLA FL 32501

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

WANDA RANKINS

Wanda Rankins

3-18-02

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 **D** ☒ Delete
 NAME **PORTERFIELD, JONATHAN P**
 STREET ADDRESS **PO BOX 66127**
 CITY-ST-ZIP **GREENSBORO NC 27304**

TITLE **D** ☐ Delete
 NAME **ALBRITTON, JACQUELINE D**
 STREET ADDRESS **3504-A WEST SCOTT ST**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ Delete
 NAME **JONES, WANDA**
 STREET ADDRESS **1230 WEST MAXWELL ST**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
 NAME **PERKINS, HATTIE**
 STREET ADDRESS **3242 PALMDALE AVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Delete
 NAME **WILLIAMS, PAULA**
 STREET ADDRESS **3131 NORTH 10TH AVE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **Tammy Rankins-Thomas**
 STREET ADDRESS **1230 West Maxwell Street**
 CITY-ST-ZIP **Pensacola, FL 32501**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Rankins, Wanda**
 STREET ADDRESS **1230 West Maxwell Street**
 CITY-ST-ZIP **Pensacola, FL 32501**

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

TITLE **S** ☐ Change ☒ Addition
 NAME **Foster, Stephenie**
 STREET ADDRESS **1010 Bareis Road**
 CITY-ST-ZIP **Pensacola, FL 32503**

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:

Wanda Rankins
WANDA RANKINS

3-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)444-7729

CFR2037 (9/01)