

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90184 021 ****70.00

DOCUMENT # N01000004815

1. Entity Name

PRAISE POWER FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

2351 NW 47TH TERR., STE. 209
 FT. LAUDERDALE FL 33313

Mailing Address

2861 NW 47TH TERR., STE. 209
 FT. LAUDERDALE FL 33313

2. Principal Place of Business

6805 W. Commercial Blvd
 Suite, Apt. #, etc.
 # 209

3. Mailing Address

6805 W. Commercial Blvd
 Suite, Apt. #, etc.
 # 209

City & State

TAMARAC FL
 Zip
 33319

City & State

TAMARAC FL
 Zip
 33319

4. FEI Number

65-1130717

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, ERIC N
 2861 NW 47TH TERR., STE. 209
 FT. LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name **ERIC N. MILLER**
 Street Address (P.O. Box Number is Not Acceptable)
 6805 W. Commercial Blvd #209
 City **TAMARAC** FL Zip Code **33319**

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

7/29/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ERIC N 2861 NW 47TH TERR., STE. 209 FT. LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTRAM, MARK 8040 HAMPTON BLVD., #507 NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, ARLENE 2861 NW 47TH TERR., STE. 209 FT. LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, WESLEY 7442 NW 49TH ST. LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAYLE, NICOLE 1359 W. GLENOAK RD. NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIGEL ALFRED 1033 W. JASMINE LND N. Lauderdale, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED ERIC N. MILLER 7/29/02 754-234-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)