

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005079

1. Entity Name

PREVAILING WORD MINISTRIES INTERNATIONAL, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90713 028 ****70.00

Principal Place of Business

Mailing Address

1700 SW 87 TERR
MIRAMAR FL 33025

1700 SW 87 TERR
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1120336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JEFFREY A
1700 SW 87 TERR
MIRAMAR FL 33025

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.

SIGNATURE

Jeffrey Allen Roberts

JEFFREY ALLEN ROBERTS

5/7/02
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEFFREY ALLEN ROBERTS 1700 SW 87 TERR MIRAMAR FL 33025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERNICE ROBERTS 1700 SW 87 TERR MIRAMAR FL 33025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY JENKINS 1691 NW 36 TERR FT LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RODNEY JENKINS 1691 NW 36 TERR FT LAUDERDALE FL 33311	☒ 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	DIRECTOR DWIGHT A SMITH JR 1700 SW 87 TERR MIRAMAR FL 33025	☐ Change ☒ Addition
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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:

Jeffrey Allen Roberts

JEFFREY ALLEN ROBERTS

5/7/02

954 392 8188