

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 008 ****61.25

DOCUMENT # NO1000005180

1. Entity Name

FAITH AND PRAYER OUTREACH MINISTRY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 1404 FT LAUDERDALE FL 33302	Mailing Address PO BOX 1404 FT LAUDERDALE FL 33302
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65117705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAYNE, DELCEINA 4351 SW 21 ST #3 HOLLYWOOD FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FIELDS, CHRISTINE 5332 NW 18 ST, #3 LAUDERHILL FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAYNE, DELCEINA 4351 SW 24 ST, #3 HOLLYWOOD FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAYNE, DELCEINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1814 S.W. 48th AVE. Hollywood, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSS, LAURA 1436 NW 7 TERR FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSS, CHARLES 1461 NW 22 CT, #1 FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CRAIG, LYDIA 5332 NW 18 ST, #3 LAUDERHILL FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BROWN, PINKEY 5411 NW 24 ST LAUDERHILL FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tikella Fields <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3571 N.W. 35th AVE. Lauderdale Lakes, FL 33313

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: *Christine Fields* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/22/02 DAYTIME PHONE # _____

CR2E037 (9/01)