

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.

Principal Place of Business

Mailing Address

PO BOX 1404
 FT LAUDERDALE FL 33302

PO BOX 1404
 FT LAUDERDALE FL 33302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65117705

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

LAYNE, DELCEINA
4351 SW 21 ST #3
HOLLYWOOD FL 33023

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

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FIELDS, CHRISTINE**
 CITY-ST-ZIP **5332 NW 18 ST, #3**
LAUDERHILL FL 33313

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAYNE, DELCEINA**
 CITY-ST-ZIP **4351 SW 24 ST, #3**
HOLLYWOOD FL 33023

TITLE ☒ Change ☐ Addition
 NAME **LAYNE, DELCEINA**
 STREET ADDRESS **1814 S.W. 48th AVE.**
 CITY-ST-ZIP **Hollywood, FL 33023**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROSS, LAURA**
 CITY-ST-ZIP **1436 NW 7 TERR**
FT LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROSS, CHARLES**
 CITY-ST-ZIP **1461 NW 22 CT, #1**
FT LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CRAIG, LYDIA**
 CITY-ST-ZIP **5332 NW 18 ST, #3**
LAUDERHILL FL 33313

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BROWN, PINKEY**
 CITY-ST-ZIP **5411 NW 24 ST**
LAUDERHILL FL 33313

TITLE ☐ Change ☒ Addition
 NAME **Tikella Fields**
 STREET ADDRESS **3571 N.W. 35th AVE.**
 CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)