

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90112 009 \*\*\*\*61.25

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**DOCUMENT # N01000005180** ✓

1. Entity Name  
**FAITH AND PRAYER OUTREACH MINISTRY, INC.**



Principal Place of Business: **PO BOX 1404 FT LAUDERDALE FL 33302**

Mailing Address: **PO BOX 1404 FT LAUDERDALE FL 33302**

2. Principal Place of Business: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

Suite, Apt. #, etc.: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-1117705**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Christie Fields* DATE: *5/18/03*

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDS, CHRISTINE</b>	
STREET ADDRESS	<b>5332 NW 18 ST, #3</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAYNE, DELCEINA</b>	
STREET ADDRESS	<b>1814 SW 48TH AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, LAURA</b>	
STREET ADDRESS	<b>1436 NW 7 TERR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSS, CHARLES</b>	
STREET ADDRESS	<b>1461 NW 22 CT, #1</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRAIG, LYDIA</b>	
STREET ADDRESS	<b>5332 NW 18 ST, #3</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDS, TIKEILA</b>	
STREET ADDRESS	<b>3571 NW 35TH AVE</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33313</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Layne, Delceina</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1440 N. 71 Terrace</b>	
STREET ADDRESS	<b>Hollywood, FL 33004</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christie Fields* DATE: *5/18/03* PHONE: *954-759-6667*

CR2E037 (10/02)