

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000006077**

1. Entity Name

PROGRESS PRAYER MINISTRIES, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -3 PM 4:21

Principal Place of Business

Mailing Address

1512 NW 15TH TERRACE
FORT LAUDERDALE FL 333111512 NW 15TH TERRACE
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Same

Ft. Lauderdale

Zip

Country

Zip

Country

33311

FLA.

Same

Same

4. FEI Number

65-1135305

Applied For

Not Applicable

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

PERDUE, STEVEN

1512 NW 15TH TERRACE

FORT LAUDERDALE FL 33311

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

Steven Perdue

8-31-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$238.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D STEVEN PERDUE 1512 NW 15TH TERRACE FORT LAUDERDALE FLA. 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer DENEASE A. PERDUE D 1512 NW 15TH TERRACE FORT LAUDERDALE FLA. 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edith J. Brown D 33 S.W. 6AVE DANIA FLA. 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (4/02)

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:

Steven Perdue

8-31-02 954-712-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #