

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-09-2003 90113 036 ****61.25

DOCUMENT # N02000002234

1. Entity Name

PRAYER NOTEBOOK HEALING MINISTRY, INC.



Principal Place of Business

**3000 NORTH FEDERAL HWY B-2 STE 200
FT LAUDERDALE FL 33306**

Mailing Address

**3000 NORTH FEDERAL HWY B-2 STE 200
FT LAUDERDALE FL 33306**

55033537

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

56-2350212

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

**SANTANGELO, CARL G
3000 NORTH FEDERAL HWY B-2 STE 200
FT LAUDERDALE FL 33306**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SANTANGELO, OLGA**
STREET ADDRESS **3000 NORTH FEDERAL HWY B-2 STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
NAME **LANE, CHRIS**
STREET ADDRESS **5110 N FEDERAL HWY STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
NAME **ONSTAD, LILLIAN**
STREET ADDRESS **2816 NE 38 STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga Santangelo

4/4/03

(954) 561-3040

Date

Daytime Phone #

CR2E037 (10/02)