03

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

FILED

03 JAN 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/30/02--01083--007 **70.00

DOCUMENT # N02000008672

1. Entity Name
P.O.W.E.R MINISTRIES WORSHIP CENTER

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2331 N. State Rd. 7	2331 N. State Rd. 7.
Suite, Apt. #, etc.: Suite 217	Suite, Apt. #, etc.: SUITE 217
City & State: LAUDERHILL, FLA.	City & State: LAUDERHILL, FLA.
Zip: 33311 Country: USA	Zip: 33311 Country: U.S.A.

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sheena Benjamin-Wise P.A.

Street Address (P.O. Box Number is Not Acceptable): 1545 E. Oakland Pk. Blvd. Suite A

City: Fort Lauderdale FL Zip Code: 33334

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: SHEENA BENJAMIN-WISE P.A. 12/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE D NAME: Clemelin Smith D STREET ADDRESS: 8074 N.W. 10TH. ST. D CITY-ST-ZIP: PLANTATION, Fla. 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME: OPAL MUNROE D STREET ADDRESS: 1580 NW 125TH DR. D CITY-ST-ZIP: Sunrise, Fla. 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME: CINDIA AZIZE D STREET ADDRESS: 1159 Skylark DR. D CITY-ST-ZIP: WESTON, Fla 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME: JUAN AZIZE STREET ADDRESS: 1159 Skylark DR. CITY-ST-ZIP: WESTON, Fla. 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME: Rachida Smith STREET ADDRESS: 8074 N.W. 10TH. ST. CITY-ST-ZIP: PLANTATION, FLA 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMELIN SMITH 12/23/02 954-577-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/1/24