

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 038 ****61.25

DOCUMENT # N03000003609

1. Entity Name

UNITED PRAYER WARRIORS FOR JESUS CHRIST, INC.



Principal Place of Business

4201 N.W. 22ND CT
MIAMI FL 33142

Mailing Address

4201 N.W. 22ND CT
MIAMI FL 33142

50049863



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1075111

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

BROWN, DEBRA
1935 NW 41ST ST
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Brown Debra

Street Address (P.O. Box Number is Not Acceptable)

4201 N.W. 22nd Ct

City MIAMI

FL

Zip Code 33142

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

Debra Brown

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

(NOTE: Registered Agent signature required when reinstating)

2/7/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	P	<input type="checkbox"/> Delete
NAME	BROWN, DEBRA	
STREET ADDRESS	1935 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARDY, BRENDA	
STREET ADDRESS	1935 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, YULANDA	
STREET ADDRESS	855 NW 155 LN #206	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SHARON	
STREET ADDRESS	3119 NW 70TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	F	<input type="checkbox"/> Delete
NAME	FORDHAM, JOHNNY	
STREET ADDRESS	4201 N.W. 22ND CT	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Y	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Yulanda	
STREET ADDRESS	855 N.W. 155 LN #206	
CITY-ST-ZIP	MIAMI FL 33142	
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		
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:

Debra Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (305) 505-4288

Date

Daytime Phone #