

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

DOCUMENT # **ND300000417D**

1. Entity Name

**Praise and worship outreach  
Ministries, INC.**



**FILED**

**04 APR 15 AM 9:33**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2803 North Tamiami Trail**

Suite, Apt. #, etc.

**N/A**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**N/A**

City & State

**Sarasota, FL 34236**

City & State

**Same**

4. FEI Number

**41-2120742**

Applied For

Not Applicable

Zip

**34236**

Country

**U.S.A**

Zip

**Same**

Country

**U.S.A**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**04**

7. Name and Address of Current Registered Agent

Name **Ethel Mays**

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

**1341-14th St**

City **Sarasota**

FL

Zip Code

**34236**

**DO NOT WRITE  
IN THIS SPACE**

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 **Pastor Ethel Mays**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-13-04**

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Pastor Ethel Mays 1341-14th St Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Cherine Royal 1341-14th St Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Janelle Keyes 1313 Gulf Stream Circle Apt: 301 Brandon, FL 33511</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600032879396 04/15/04--01046--001 **61.25</b>
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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: **Pastor Ethel Mays**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-04 941-9534733**

CR2E037B (12/02)