

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90651 041 ****61.25

DOCUMENT # N26198

1. Entity Name

UNITY PRAYER CIRCLE, INC.

Principal Place of Business

**4700 BROADWAY
WEST PALM BCH FL 33407
US**

Mailing Address

**PO BOX 9063
RIVIERA BCH FL 33419-9063
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0146788

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

**MCBRIDE, BRENDA
3630 WHITEHALL DRIVE
#103
WEST PALM BEACH FL 33401**

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.

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02
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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JENNINGS, JAMES**
STREET ADDRESS **514 LILAC CT**
CITY-ST-ZIP **W P B FL**

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

TITLE **PD** ☐ Delete
NAME **THOMAS, BARBARA**
STREET ADDRESS **203 CANTABERRY DR WEST**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **FVD** ☐ Delete
NAME **MCBRIDE, BRENDA**
STREET ADDRESS **3630 WHITEHALL DR #103**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **TD** ☐ Delete
NAME **LILLIE, EDWARDS**
STREET ADDRESS **1498 NO. MAGNOLIA CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
NAME **MCBRIDE, EDDIE**
STREET ADDRESS **3630 WHITEHALL DR. 103**
CITY-ST-ZIP **WEST PALM BCH FL 33401**

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

TITLE **SD** ☐ Delete
NAME **STRINGER, BARBARA**
STREET ADDRESS **719 EXECUTIVE DR #110 D**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ 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: Brenda McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 561-683-4150
Date Daytime Phone #