

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90186 005 ****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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brenda MCBRIDE
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D JENNINGS, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	514 LILAC CT	
CITY-ST-ZIP	W P B FL	
TITLE NAME	PD THOMAS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	203 CANTABERRY DR WEST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE NAME	FVD MCBRIDE, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	3630 WHITEHALL DR #103	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE NAME	TD LILLIE, EDWARDS	<input type="checkbox"/> Delete
STREET ADDRESS	1498 NO. MAGNOLIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE NAME	D MCBRIDE, EDDIE	<input type="checkbox"/> Delete
STREET ADDRESS	3630 WHITEHALL DR. 103	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE NAME	SD STRINGER, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	719 EXECUTIVE DR #110 D	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	470 executive center Dr.	
CITY-ST-ZIP	#3N west palm beach FL 33401	

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 REQUIRED**

4/20/03 561-683-4150

CR2E037 (10/02)