

2000 UNIFORM BUSINESS REPORT (UBR)

4/7/00-9/30/00-001-001.25-001.25
* 2/9/00:90365-002-\$8.75-\$8.75

DOCUMENT # N30831

1. Entry Name

HAVE FAITH IN GOD PRAYER GROUP, INC.

FILED

00 MAR 24 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1100 NW 6 ST.
POMPANO BEACH FL 33069
US

520 SW 11TH DR
DEERFIELD BCH FL 33441-6346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0161517

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

7. Name and Address of New Registered Agent

EVANS, M. DWIGHT
351 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

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

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

(NOTE: Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CUNIGAN, RANDOLPH 570 NW 18 ST. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNIGAN, GLORIA BENEFIELD 570 NW 18 ST. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, ROBERT 261 SW 11 ST. DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOEL, PAMELA 341 SW 83RD AVE. NORTH LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THURSTON, PAULETTE 2630 NW 8TH CT. FORT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Randolph C. Cunniff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #