SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

**DOCUMENT #** 1. Corporation Name

PRAYER AND PRAISE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business 926 NW 119TH MIAMI FL 33168

Mailing Address

P. O. BOX 69-5329 MIAMI FL 33269-5329

## **FILED** Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90004 006 \*\*\*\*70.00

03 03							il 81011 Brait 81811 Aratt 1681			
2. 21	2. Principal Place of Business		Mailing Address	~		3. Date Incorporated or Qualifed 11/08/1989				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				4.	FEI Number <b>65-0163819</b>		Applied For Not Applicable
23	City & State	28	City & State				5.	Certifcate of Status Desired		\$8.75 Additional Fee Required
24	Zip Country	29	Zip C	oun	try			Election Campaign Financing Trust Fund Contribution	]	\$5.00 May Be Added to Fees
	9. Name and Address of Current	$\Box$	10. Name and Address of New Registered Agent							
	4311 H. 1.19			1	B1	Name				
	WILSON, DOROTHY 2509 DOLPHIN DR MIRAMAR FL 33025			L	B2 B3	Street Address	s (P.	O. Box Number is Not Acceptable	•)	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

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office or r agent. I a	egistered agent, or both, in the State of Florida. Such im familiar with, and accept the obligations of, Section	n change was auth n 617.0503, Florid	norized by the corpor a Statutes.	ation's board of directors. I hereby accept	ine appointment as reg	listered
SIGNATURE					DATE	
42	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		egistered Agent signature req	ADDITIONS/CHANGES TO OFFI		20 IN 12
mle	OFFICERS AND DIRECTORS	DELETE	1.1 TILE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
		□ beceie			☐ Orlange	
NAME	WILSON, DOROTHY		1.2 NAME			
STREET ADDRESS	2509 DOLPHIN DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP			
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BOKS, ANNETTE L.		2.2 NAME			
STREET ADDRESS	19151 N MIAMI AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE ( * ) ( )? >	ਾDBM ਜੋ	DELETE	3.1 TITLE		☐ Change	Addition
NAME 📈 👵	BLOSSOM, THAWES		3.2 NAME			
STREET ADDRESS	18188 NW 40 CT	ı	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI_FL		3.4. CITY-ST-ZIP			
TITLE	DBM	☐ DELETE	4.1 TITLE		Change	Addition Addition
NAME	WILSON, RAYMOND		4. 2 NAME			
STREET ADDRESS	2509 DOLPHIN DR	i	4.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMIR FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME		_	
STREET ADORESS			.5.3 STREET ADDRESS -			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Zip Code

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