

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90114 014 ****70.00

DOCUMENT # N35145

1. Entity Name
**PRAYER AND PRAISE INTERNATIONAL
MINISTRIES, INC.**

Principal Place of Business
**926 NW 119TH STREET
MIAMI, FL 33168 US**

Mailing Address
**P. O. BOX 69-5329
MIAMI, FL 33269-5329 US**

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0163819

Applied For
☐ Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**WILSON, DOROTHY
2509 DOLPHIN DR
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, DOROTHY	
STREET ADDRESS	2509 DOLPHIN DR	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOKS, ANNETTE L	
STREET ADDRESS	19151 N MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	BLOSSOM, THAWES	
STREET ADDRESS	17928 NW 40 CT	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	WILSON, RAYMOND	
STREET ADDRESS	2509 DOLPHIN DR	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Annette L Boks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE L. BOKS

3/11/03 (305) 652-5479
President (954) 436-4915

CR2037 (10/02)