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

20 	003 NOT-FOR-PRO INIFORM BUSINE	FILED — Mar 17, 2003 8:00 am							
DOCUMENT # N9400004602					Se	Secretary of State			
PRAYER	R AND OUTREACH MINISTRIES,	INC.			03	-17-2003 91094 (017 ****70	0.00	
3000 N.W. 50TH ST. 3000		Mailing Address 3000 N.W. 50TH ST. MIAMI FL 33142		ORD WE THE		 .	- • •		
2. Principa	Il Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65	0563285	Applied For		
Zip	Country	Zip	Cou	untry	5. Certificate of Sta	tus Desired	\$8.75 A	Not Applicable dditional	
	6. Name and Address of Current Re	gistered Agent			7. Name and Addre	ess of New Registere			
144000	I IMANAIR A			Name		30000	- Agoin	 	
MASON, WAYNE G 3000 N.W. 50TH ST. MIAMI FL 33142				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			İ	City	·	F	■ Zip Co	de	
FILE NOW: FEE IS \$61.25 9. Election Camp			· بىرى بەرسى		\$5.00 May Be Added to Fees	Make Chec	ck Payable		
10.	OFFICERS AND DIREC	TORS	11.		A DOUTION OF THE PARTY OF THE P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, WAYNE G 3000 N.W. 50TH ST. MIAMI FL 33142	☐ Delete	TITLE NAME STREE		ADDITIONS/CHANGES	TO OFFICERS AND D	Change	J 10 ☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VDC BURCH, ERIC 2040 NW 5 PLACE MIAMI FL 33127	☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD WILLIAMS, ANTOINE 8461 NW 5 COURT MIAMI FL 33150	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
ITLE AME TREET ADDRESS		Delete	TITLE"				Change —	Addition -	
TREET AUDRESS			STREET	ADDRESS					

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

3-6-03

305 635-8094

Change

☐ Addition