

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90397 050 ****65.25

DOCUMENT # N96000002169

1. Entity Name

HEAVENLY POWERS MINISTRIES, INC.

Principal Place of Business

Mailing Address

5460 N. STATE RD. 7
 127
 FORT LAUDERDALE FL 33309

5460 N. STATE RD. 7
 127
 FORT LAUDERDALE FL 33319-2968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5460 N. State Rd #7
 Suite, Apt. #, etc.
 Suite 127

5460 N. State Rd #7.
 Suite, Apt. #, etc.
 Suite 127

City & State
 Ft. Lauderdale FL 33319
 Zip Country

City & State
 Ft. Lauderdale FL
 Zip Country
 33319

4. FEI Number
 65-0659701

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

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name
 AMERILAWYER CHARTERED
 Street Address (P.O. Box Number is Not Acceptable)
 343 Almeria Avenue
 City
 Coral Gables FL Zip Code
 33134

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BARETTI, ORAL	
STREET ADDRESS	5460 N STATE RD 7 #127	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHYRE, JEREMIAH I	
STREET ADDRESS	5460 N STATE RD 7 #127	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHYRE, CHERYL	
STREET ADDRESS	5460 N STATE RD 7 #127	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUPONT, BYRON D	
STREET ADDRESS	5460 N STATE RD 7 #127	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baretti, Oral	
STREET ADDRESS	5460 N STATE RD #127	
CITY-ST-ZIP	FT. Lauderdale FL 33309	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whyre, Jeremiah I.	
STREET ADDRESS	5460 N STATE RD #127	
CITY-ST-ZIP	FT. Lauderdale FL 33309	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whyre Cheryl	
STREET ADDRESS	5460 N STATE RD #127	
CITY-ST-ZIP	FT. Lauderdale FL 33309	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, BYRON D	
STREET ADDRESS	5460 N STATE RD #127	
CITY-ST-ZIP	FT. Lauderdale FL 33309	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-00 (954) 722-3332
 Date Daytime Phone #

CR2E037 (9/99)