

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90379 043 ****62.00

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 33309

551158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659701

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

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 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
 NAME BARETTI, ORAL
 STREET ADDRESS 5460 N STATE RD 7 #127
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE VD
 NAME Barrett, Oral
 STREET ADDRESS 5460 N. STATE RD #7 #125
 CITY-ST-ZIP Fort Lauderdale FL 33309 ☐ Change ☐ Addition

TITLE P
 NAME WHYRE, JEREMIAH I
 STREET ADDRESS 5460 N STATE RD 7 #127
 CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Delete

TITLE P
 NAME Whyre, Jeremiah I
 STREET ADDRESS 5460 N. STATE RD #7 #125
 CITY-ST-ZIP Port Lauderdale FL 33309. ☐ Change ☐ Addition

TITLE SD
 NAME WHYRE, CHERYL
 STREET ADDRESS 5460 N STATE RD 7 #127
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE SD
 NAME Whyre, Cheryl
 STREET ADDRESS 5460 N. STATE RD #7 #125
 CITY-ST-ZIP Port Lauderdale FL 33309 ☐ Change ☐ Addition

TITLE TD
 NAME DUPONT, BYRON D
 STREET ADDRESS 5460 N STATE RD 7 #127
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE TD
 NAME Dupont, Byron D
 STREET ADDRESS 5460 N. STATE RD #7 #125
 CITY-ST-ZIP Port Lauderdale FL 33309. ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

731-
 501-01(954) 0189

CR2E037 (10/00)