

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002702

1. Entity Name

PRAYER & FAITH PRAISE CENTER, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90012 037 ****61.25

Principal Place of Business

2850 FREEMONT TERR S
ST. PETERSBURG FL 33712
US

Mailing Address

2600 13TH STREET SO.
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487117

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

WATTS, BARBARA S
2600 13TH STREET SO.
ST. PETERSBURG FL 33705

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 VPD ☐ Delete
NAME SAMUEL, LENA MAE
STREET ADDRESS 1700 28TH AVE. S.
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE VPD ☒ Change ☐ Addition
NAME DIANE WICKS
STREET ADDRESS 634 NEWTON AVE. SO
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE STD ☐ Delete
NAME DANCIL, DARLENE A
STREET ADDRESS 5120 ARAGON WAY S
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE STD ☒ Change ☐ Addition
NAME BRIDGET M. WATTS
STREET ADDRESS 247 POMPAHO DR SE.
CITY-ST-ZIP APT D ST. PETERSBURG FL 33705

TITLE PD ☐ Delete
NAME WATTS, BARBARA S
STREET ADDRESS 2600 13TH ST SO
CITY-ST-ZIP ST PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

BARBARA S WATTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-01 (727) 823-0499

Date

Daytime Phone #

CR2E037 (10/00)