# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 11, 2002**
**Secretary of State**

DOCUMENT# N97000002702

**Entity Name:** PRAYER & FAITH PRAISE CENTER, INC.

**Current Principal Place of Business:**

2850 FREEMONT TERR S
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

2600 13TH STREET SO.
ST. PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number: 59-3487117** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete
Name: WICKS, DIANE
Address: 634 NEWTON AVE. SO.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: STD ( ) Delete
Name: WATTS, BRIDGET M
Address: 247 POMPANO DR. SE., APT. D
City-St-Zip: ST PETERSBURG, FL 33705

Title: PD ( ) Delete
Name: WATTS, BARBARA S
Address: 2600 13TH ST SO
City-St-Zip: ST PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition
Name: WATTS, BRIDGET M
Address: 247 POMPANO DR. SE, APT D
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: STD (X) Change ( ) Addition
Name: REECE, ANITA
Address: 5997 5TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA S. WATTS PD 09/11/2002

Electronic Signature of Signing Officer or Director — Date