

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

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 015 ****70.00

DOCUMENT # 197000007004

1. Entity Name
WORD OF FAITH AND PRAISE MINISTRIES



DO NOT WRITE IN THIS SPACE

40063636

2. Principal Place of Business
4044 NW 44th
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 190494
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE LAKES FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-0804927

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip
33319 Country
BROWARD Zip
33319 Country
BROWARD

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SIDNEY EDWARDS

Street Address (P.O. Box Number is Not Acceptable)
1301 NW 54 AVE

City
LAUDERHILL FL Zip Code
33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SIDNEY EDWARDS PRESIDENT</u> <u>1301 NW 54 AVE</u> <u>LAUDERHILL FL 33313</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MRS. ANDRIA DIXON</u> <u>1602 S.W. MERCHANT Ln.</u> <u>PORT ST LUCIE FL 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MRS VILMA Y. EDWARDS</u> <u>1301 NW 54 AVE & Hill FL 33313</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY EDWARDS 4-18-05.

CR2E037B (12/02)