

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90006 016 \*\*\*\*61.25

**DOCUMENT # N98000004752**

1. Entity Name

**INTERNATIONAL PRAYER WARRIORS CHURCH AND GENERAL  
CENTER, USA, INC.**



Principal Place of Business

**5118 DORMAN ROAD  
LAKELAND FL 33813**

Mailing Address

**5118 DORMAN ROAD  
LAKELAND FL 33813**

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 **59-3528738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGILL, LAUREN C.  
5118 DORMAN ROAD  
LAKELAND FL 33813**

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

SIGNATURE

*Lauren C. McGill*  
*\* Registered Agent and Address stays the same.*  
*1/3/2003*

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	YANEZ, DAVID M	
STREET ADDRESS	2103 GRAND BROOK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DV	<input type="checkbox"/> Delete
NAME	YANEZ, ELIZABETH	
STREET ADDRESS	2103 GRAND BROOK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, LAUREN C.	
STREET ADDRESS	5118 DORMAN ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, YVONNE	
STREET ADDRESS	5118 DORMAN ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Rev. Elizabeth Yanez*  
**SIGNATURE REQUIRED**

Date

*2-20-03*

Daytime Phone

*(407) 262-2633 or (863) 646-3358*

CR2E037 (10/02)