

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90005 049 ****61.25

DOCUMENT # N98000005877

1. Entity Name
Women of PRAISE; Worship Inc.,

Principal Place of Business Mailing Address

Business Skills Center
333 S. Dixie Highway
Deerfield Bch., FL 33441

00083002

2. Principal Place of Business 745 Siesta Key Circle
Suite, Apt. #, etc. 1515

3. Mailing Address 745 Siesta Key Circle
Suite, Apt. #, etc. 1515

DO NOT WRITE IN THIS SPACE

City & State Deerfield Bch., FL

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4. FEI Number 65-0869610

Applied For
Not Applicable

Zip 33441 Country Broward

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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

Name Barbara White
Street Address (P.O. Box Number is Not Acceptable) 745 Siesta Key Circle Apt. 1515
Deerfield Bch
City FL Zip Code 33441

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 Barbara White
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 8/29/00

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	President / Director	<input type="checkbox"/> Delete
NAME	Barbara T. White	
STREET ADDRESS	745 Siesta Key Circle Apt. 1515	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Vice President / Director	<input type="checkbox"/> Delete
NAME	Shirley Scott	
STREET ADDRESS	778 S.W. 2nd Ave	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Delete
NAME	Ponzelle Boone	
STREET ADDRESS	778 S.W. 2nd Ave	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Secretary / Director	<input type="checkbox"/> Delete
NAME	Elizabeth Williams	
STREET ADDRESS	332 N.W. 3rd Court	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Ora Macleary	
STREET ADDRESS	332 N.W. 3rd Court	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Vera Garay	
STREET ADDRESS	Deerfield Bch., FL 33441	
CITY-ST-ZIP	Deerfield Bch., FL 33441	

TITLE	P/D/MO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara T. White	
STREET ADDRESS	745 Siesta Key Circle # 1515	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Johnson	
STREET ADDRESS		
CITY-ST-ZIP	Boynton Bch., FL	
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		
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 T. White
Signature and typed or printed name of signing officer or director
Date
Daytime Phone # (954) 415-6320 (954) 421-8957

CR2E037 (9/99)