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## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N98000005877**

## Sep 14, 2001 8:00 am Secretary of State 09-14-2001 90010 011 \*\*\*\*70.00 WOMEN OF PRAISE AND WORSHIP, INC. Principal Place of Business Mailing Address 745 SIESTA KEY CIRCLE 745 SIESTA KEY CIRCLE 00064975 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0869610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, BARBARA 745 SIESTA KEY CIRCLE APT 1515 DEERFIELD BEACH FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDMD TITLE Delete TITLE (5/01)☐ Change ☐ Addition WHITE, BARBARA T NAME NAME 114 SW 7TH COURT STREET ADDRESS STREET ADDRESS **CR2E037** CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition JOHNSON, MARY NAME NAME STREET ADDRESS 745 SIESTA KEY CIRCLE STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition WILLIAMS, ELIZABETH NAME NAME STREET ADDRESS 332 NW 3RD COURT STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE, ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 5, STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

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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 in changed, or on an attachment with an address, with all other like empowered.

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