

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99006062438**
 1. Entity Name **Wings of Praise Ministries Inc.**

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90002 005 ****70.00

Principal Place of Business Mailing Address
1146 E. Plant Street
Winter Garden FLA. 34787

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583578

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMAN J. JAMES SR.
1146 E. Plant St
Winter Garden FLA. 34787

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	JAMES NORMAN J. SR.	
STREET ADDRESS	8127 Village Green Rd.	
CITY-ST-ZIP	ORLANDO FLA. 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES CLORETHA M.	
STREET ADDRESS	8127 Village Green Rd.	
CITY-ST-ZIP	ORLANDO FLA. 32818	
TITLE	Bell Wilhemae	<input type="checkbox"/> Delete
NAME	4503 Lk. Martin Lane	
STREET ADDRESS	Apt E. Orlando FLA 32808	
CITY-ST-ZIP		
TITLE	T.D. Mike JANICE	<input type="checkbox"/> Delete
NAME	3471 St. Rd. 557 A	
STREET ADDRESS	Polk City FL. 33868	
CITY-ST-ZIP		
TITLE	Reynolds Charles	<input type="checkbox"/> Delete
NAME	4510 Lk. Martin Drive	
STREET ADDRESS	Orlando FLA. 32808	
CITY-ST-ZIP		
TITLE	Carroll Julius	<input type="checkbox"/> Delete
NAME	2701 Sheringham Rd.	
STREET ADDRESS	Orlando FLA. 32808	
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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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: **NORMAN J. JAMES SR.** **3-21-2000** **(407) 578-1244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N99000002438

940496

LIST OF OFFICERS / DIRECTORS

PRESIDENT --- NORMAN J. JAMES SR.

VICE PRESIDENT --- CLORETHA M. JAMES

SECRETARY ----- WILLIEMAE BELL

TREASURER ----- JANICE MIKE

TRUSTEE ----- CHARLES REYNOLDS

DEACON ----- JULIUS CARROLL