

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 13, 2000 8:00 am**
Secretary of State

07-13-2000 90016 025 ****61.25

DOCUMENT # N99000005562

1. Entity Name

PRAYER POWER SUMMIT, INC.

Principal Place of Business

14401 NW 20TH AVE
OPA LOCKA FL 33054

Mailing Address

14401 NW 20TH AVE
OPA LOCKA FL 33054**A0067525**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14401 NW 20th AV.

3. Mailing Address

14401 NW 20th AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, Florida

City & State

OPA LOCKA, Florida

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, CYNTHIA
14401 NW 20TH AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

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

Cynthia Rogers

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

(NOTE: Registered Agent signature required when reinstating)

7/5/00
DATE**FILE NOW: FEE IS \$61.25****After September 13, 2000 min. will be \$236.25**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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, CYNTHIA	
STREET ADDRESS	14401 NW 20TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, GLOVER	
STREET ADDRESS	14401 NW 20TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MARJORIE	
STREET ADDRESS	14401 NW 20TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ALEXIS	
STREET ADDRESS	14401 NW 20TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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:

Cynthia Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00 (305) 681-6786

Date

Telephone #