FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # N99000006029 1. Entity Name THE CIRCLE OF PRAYER MINISTRIES OF FLORIDA, INC. 03-06-2001 90301 003 ****70.00 Principal Place of Business Mailing Address 132 SOUTHWEST 4TH AVENUE 132 SOUTHWEST 4TH AVENUE **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0959545 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON-DEVEAUX, VERNITA Street Address (P.O. Box Number is Not Acceptable) 132 S.W. 4TH AVENUE **DELRAY BEACH FL 33444** City 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 d Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME BRENNEN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 132 SOUTHWEST 4TH AVENUE CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33444 TITLE SD □ Delete TITLE Change Addition NAME CARTER, BEULAH NAME STREET ADDRESS STREET ADDRESS 132 SOUTHWEST 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DELRAY-BEACH-FL:33444 TITLE TD Delete TITLE ☐ Change ☐ Addition NAME ROLLE, STANLEY NAME STREET ADDRESS STREET ADDRESS 132 SOUTHWEST 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-7IP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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