

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005403

1. Entity Name

HOUSE OF PRAYER FULL GOSPEL CHURCH, INC.

Principal Place of Business

6200 STIRLING RD
HOLLYWOOD FL 33024

Mailing Address

6200 STIRLING RD
HOLLYWOOD FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3626112

Applied For

Not Applicable

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HODGES, PERRY W JR
644 SE 4TH AVE
FT LAUDERDALE FL 33301-3102

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
NAME COURTNEY, BRYAN
STREET ADDRESS 6330 N 40TH ST
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME COURTNEY, YVONNE
STREET ADDRESS 6330 N 40TH ST
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME COURTNEY, JANET
STREET ADDRESS 6200 STIRLING RD
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

BRYAN COURTNEY, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01

Date

(954)965-5477

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90102 017 ****61.25

029532



DO NOT WRITE IN THIS SPACE