

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90024 046 ****61.25

DOCUMENT # N00000007858

1. Entity Name
HOUSE OF PRAYER & PRAISE DELIVERANCE CENTER INC.

Principal Place of Business Mailing Address
1605 MERCY DR. **8519 WHITE RD.**
ORLANDO FL 32808 **ORLANDO FL 32818**

550404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5018 Clarcona Ocoee Rd **8519 White Rd** *ask*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Orlando Fla **Fla - Orlando** *ask* **31-174-0460** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32810 **U.S.A.** **32818** *ask* **U.S.A.** *ask* \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KITSON, C. HORACE Name **C. HORACE KITSON** *ask*
8519 WHITE RD. Street Address (P.O. Box Number is Not Acceptable) **8519 White Road** *ask*
ORLANDO FL 32818 City **Orlando** *ask* FL Zip Code **32818** *ask*

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 **Rev. C. HORACE KITSON (Reg. Agent)** *ask* **C. Horace Kitson** **5/6/01** *ask*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 9. Election Campaign Financing \$5.00 May Be **Make Check Payable to**
FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITSON, C. HORACE 8519 WHITE RD. ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Keith Bennett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 267 Laurenburg Lane Ocoee Fl. 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITSON, LORNA M 8519 WHITE RD. ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dana Fuller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6854 Pomeroy Cir. Orlando Fl 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODEN, NATALIE 246 KILLINGTON CT. ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cornelius Garwood <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4686 Vargas St. Orlando Fl 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Baruch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 320 N. Magnolia Ave # B Box 1485 Orlando Fl 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **C. Horace Kitson** **5/06/01** **(407) 299-6153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtime Phone #

CR2E037 (10/00)