## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000002258

Entity Name: HOSANNA PRAISE EVANGELICAL DANCE AND DRAMA, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

1750 NW 189 TERRACE OPA LOCKA, FL 33056  Current Mailing Address:  New Mailing Address:  FEI Number: 65-1092008  FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Date  Description of New Agents of Registered Agent	Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
1760 NW 189 TERRACE OPA LOCKA, FL 33056  FEI Number: 65-1092008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  WILLIAMS, NOEL 1760 NW 189 TERRACE OPA LOCKA, FL 33056  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:    Electronic Signature of Registered Agent						
PEI Number: 65-1092008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  WILLIAMS, NOEL 1760 NW 189 TERRACE OPA LOCKA, FL 33056  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:    Electronic Signature of Registered Agent	Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
Name and Address of Current Registered Agent:  WILLIAMS, NOEL 1760 NW 189 TERRACE OPA LOCKA, FL 33056  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:    Electronic Signature of Registered Agent						
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In the State of Florida   SIGNATURE:	1760 NW 1	189 TERRACE				
Electronic Signature of Registered Agent			submits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
OFFICERS AND DIRECTORS:         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           Title:         DP () Delete         Title:         () Change () Addition           Name:         WILLIAMS, NOEL         Address:         (1760 NW 189 TERRACE         Address:           City-St-Zip:         OPA LOCKA, FL 33056         City-St-Zip:         () Change () Addition           Title:         DV () Delete         Title: () Change () Addition           Name:         MCCLELLAN, APRIL         Name:           Address:         OB S (11433)         Address:           City-St-Zip:         NORTH MIAMI, FL 33161         City-St-Zip:           Title:         DS () Delete         Title: () Change () Addition           Name:         ROUTER, DOMINIQUE         Name:           Address:         65 NE 212TH STREET         Address:           City-St-Zip:         MIAMI, FL 33179         City-St-Zip:           Title:         DT () Delete         Title: () Change () Addition           Name:         Address:         City-St-Zip:           Title:         D () Delete         Name:           Name:         MONCUR, VERLENE         Name:           Address:         444 SW 27TH STREET         Address:           City-St-Zip:         HOLLYWOOD, FL 33023	SIGNATUR					
Title: DP ( ) Delete Name: WILLIAMS, NOEL Address: 1760 NW 189 TERRACE (ity-St-Zip: OPA LOCKA, FL 33056 City-St-Zip: OPA LOCKA, FL 33161 OPA LOCKA, FL 33162 OPA LO		Electron	ic Signature of Registered Agen	t	Date	
Name:         WILLIAMS, NOEL         Name:           Address:         1760 NW 189 TERRACE         Address:           City-St-Zip:         OPA LOCKA, FL 33056         City-St-Zip:           Title:         DV () Delete         Title: () Change () Addition           Name:         MCCLELLAN, APRIL         Name:           Address:         PO BOX 611433         Address:           City-St-Zip:         NORTH MIAMI, FL 33161         City-St-Zip:           Title:         DS () Delete         Title: () Change () Addition           Name:         ROUTER, DOMINIQUE         Name:           Address:         65 NE 212TH STREET         Address:           City-St-Zip:         MIAMI, FL 33179         City-St-Zip:           Title:         DT () Delete         Title: () Change () Addition           Name:         Address:         1340 NW 132ND TERRACE         Address:           City-St-Zip:         MIAMI, FL 33167         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         Address:         City-St-Zip:           Title:         D () Delete         Name:           Address:         City-St-Zip:           Title:         D () Change () Addition	OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name:         MCCLELLAN, ÁPRIL         Name:           Address:         PO BOX 611433         Address:           City-St-Zip:         NORTH MIAMI, FL 33161         City-St-Zip:           Title:         DS () Delete         Title: () Change () Addition           Name:         ROUTER, DOMINIQUE         Name:           Address:         65 NE 212TH STREET         Address:           City-St-Zip:         MIAMI, FL 33179         City-St-Zip:           Title:         DT () Delete         Title: () Change () Addition           Name:         SCOTT, DONNA         Name:           Address:         1340 NW 132ND TERRACE         Address:           City-St-Zip:         MIAMI, FL 33167         City-St-Zip:           Title:         D () Delete         Name:           Name:         Address:         4441 SW 27TH STREET           City-St-Zip:         HOLLYWOOD, FL 33023         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         BLACKSHIRE, KENNETH         Name:           Address:         20041 NW 32ND AVE         Address:	Name: Address:	WILLIAMS, NOE 1760 NW 189 T	EL ERRACE	Name: Address:	( ) Change ( ) Addition	
Name:         ROUTER, DOMINIQUE         Name:           Address:         65 NE 212TH STREET         Address:           City-St-Zip:         MIAMI, FL 33179         City-St-Zip:           Title:         DT () Delete         Title: () Change () Addition           Name:         SCOTT, DONNA         Name:           Address:         1340 NW 132ND TERRACE         Address:           City-St-Zip:         MIAMI, FL 33167         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         MONCUR, VERLENE         Name:           Address:         4441 SW 27TH STREET         Address:           City-St-Zip:         HOLLYWOOD, FL 33023         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         BLACKSHIRE, KENNETH         Name:           Address:         20041 NW 32ND AVE         Address:	Name: Address:	MCCLELLAN, Á PO BOX 61143	PRIL 3	Name: Address:	( ) Change ( ) Addition	
Name:         SCOTT, DONNA         Name:           Address:         1340 NW 132ND TERRACE         Address:           City-St-Zip:         MIAMI, FL 33167         City-St-Zip:           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         MONCUR, VERLENE         Name:           Address:         4441 SW 27TH STREET         Address:           City-St-Zip:         HOLLYWOOD, FL 33023         City-St-Zip:           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         BLACKSHIRE, KENNETH         Name:           Address:         20041 NW 32ND AVE         Address:	Name: Address:	ROUTER, DOM 65 NE 212TH S	NIQUE TREET	Name: Address:	( ) Change ( ) Addition	
Name:     MONCUR, VERLENE     Name:       Address:     4441 SW 27TH STREET     Address:       City-St-Zip:     HOLLYWOOD, FL 33023     City-St-Zip:       Title:     D () Delete     Title: () Change () Addition       Name:     BLACKSHIRE, KENNETH     Name:       Address:     20041 NW 32ND AVE     Address:	Name: Address:	SCOTT, DONNA 1340 NW 132NI	O TERRACE	Name: Address:	( ) Change ( ) Addition	
Name:BLACKSHIRE, KENNETHName:Address:20041 NW 32ND AVEAddress:	Name: Address:	MONCUR, VÈRI 4441 SW 27TH	LENE STREET	Name: Address:	( ) Change ( ) Addition	
	Name: Address:	BLACKSHIRE, R 20041 NW 32NI	KENNETH D AVE	Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL WILLIAMS DP 04/30/2002