

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002258

FILED
Jun 07, 2003
Secretary of State

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

Current Principal Place of Business:

1760 NW 189 TERRACE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

1760 NW 189 TERRACE
OPA LOCKA, FL 33056

New Mailing Address:

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

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, NOEL
Address: 1760 NW 189 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: DV () Delete
Name: MCCLELLAN, APRIL
Address: PO BOX 611433
City-St-Zip: NORTH MIAMI, FL 33161

Title: DS () Delete
Name: ROUTER, DOMINIQUE
Address: 65 NE 212TH STREET
City-St-Zip: MIAMI, FL 33179

Title: DT () Delete
Name: SCOTT, DONNA
Address: 1340 NW 132ND TERRACE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: MONCUR, VERLENE
Address: 4441 SW 27TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: BLACKSHIRE, KENNETH
Address: 20041 NW 32ND AVE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

06/07/2003

Electronic Signature of Signing Officer or Director

_____ Date