

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90168 035 \*\*\*\*61.25

**DOCUMENT # N06534**

1. Entity Name

**HOUSE OF PRAYER AND RESCUE MISSION, INC.**

00000010



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O JUANITA BELL 516 MADISON STREET PALATKA FL 32177-3431</b>	Mailing Address <b>C/O JUANITA BELL 516 MADISON STREET PALATKA FL 32177-3431</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2870036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required.</b>

**6. Name and Address of Current Registered Agent**

**BELL, JUANITA  
516 MADISON STREET  
PALATKA FL 32077**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_  
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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, JUANITA	
STREET ADDRESS	516 MADISON STREET	
CITY-ST-ZIP	PALATKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDREP, THOMAS	
STREET ADDRESS	BEECHER SPRING RD	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ISSAC, ROOSEVELT	
STREET ADDRESS	347 S ORANGE AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEAL, ROSA MAE	
STREET ADDRESS	220 SOUTH 14TH ST	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *X Juanita Bell* **2/8/00** **904-328-2108**

CR2E037 (9/99)