

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90262 050 \*\*\*\*70.00

**DOCUMENT # N49967**

1. Entity Name

**HOLY TEMPLE HOUSE OF PRAYER CENTER INC.**

Principal Place of Business

Mailing Address

4500 DIXIE HIGHWAY  
 UNIT B  
 PALM BAY FL 32905  
 US

1687 JACINTO AVENUE N.E.  
 PALM BAY FL 32907-8680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3138184**

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

GREEN, HATTIE  
 906 SPRING ST  
 PALM BAY FL 32907

*Hattie Green*  
*374 Sendaal Dr*  
*Palm Bay, FL 32907*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **SIMMONS, PANDORA**  
 STREET ADDRESS **1601 GLENARK AVE, N.E.**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **GORDON, ETHEL**  
 STREET ADDRESS **1902 N. 37TH STREET**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PRESSLEY, GAIL**  
 STREET ADDRESS **158 CHICORY AVENUE N.E.**  
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **ALESSANDRO, DONNA**  
 STREET ADDRESS **1687 JACINTO AVE NW**  
 CITY-ST-ZIP **PALM BAY FL 32907-8680**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

*Pandora Simmons*  
**PANDORA SIMMONS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PD**

**5/5/2000**

Date

Daytime Phone #

**728-4111**

CR2E037 (9/99)

