2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # N49967** 1. Entity Name HOLY TEMPLE HOUSE OF PRAYER CENTER INC. 01-30-2001 90114 018 ****70.00 Mailing Address Principal Place of Business 1687 JACINTO AVENUE N.E. 4500 DIXIE HIGHWAY PALM BAY FL 32907-8612 C0012183 UNIT B PALM BAY FL 32905 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3138184 Not Applicable -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREEN, HATTIE 906 SPRING ST PALM BAY FL 32907 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE SIMMONS, PANDORA NAME NAME STREET ADDRESS STREET ADDRESS 1601 GLENARK AVE, N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition ☐ Change TITLE ☐ Delete TITLE GORDON, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS 1902 N. 37TH STREET CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL Change Addition ☐ Delete TITLE TITLE PRESSLEY, GAIL NAME NAME 158 CHICORY AVENUE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALESSANDRO, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 1687 JACINTO AVE NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907-8680 ☐ Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 rustee 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 atta

SIGNATURE: