

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91156 010 ****70.00

DOCUMENT # N49967

1. Entity Name

HOLY TEMPLE HOUSE OF PRAYER CENTER INC.

Principal Place of Business

Mailing Address

**4431 WEST NEW HAVEN AVE
 1
 MELBOURNE FL 32904
 US**

**1687 JACINTO AVENUE N.E.
 PALM BAY FL 32907-8612**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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**

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	<input type="checkbox"/> Delete
NAME	SIMMONS, PANDORA	
STREET ADDRESS	1601 GLENARK AVE, N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORDON, ETHEL	
STREET ADDRESS	1902 N. 37TH STREET	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESSLEY, GAIL	
STREET ADDRESS	158 CHICORY AVENUE N.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALESSANDRO, DONNA	
STREET ADDRESS	1687 JACINTO AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907-8680	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: *Pandora Simmons* **PANDORA SIMMONS**

Date: **4/27/02** Daytime Phone #: **321 676-3902**

CR2E037 (9/01)