

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90169 003 ****70.00

DOCUMENT # N49967

1. Entity Name
HOLY TEMPLE HOUSE OF PRAYER CENTER INC.



Principal Place of Business
**4431 WEST NEW HAVEN AVE
1
MELBOURNE FL 32904
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3138184** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D 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 Delete
NAME **S 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: *Donna Alessandro* **Alessandro** 28 Jan 03 321-676-3902

CR2E037 (10/02)