

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002853**

1. Entity Name

OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FO**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90118 037 ****61.25

Principal Place of Business

Mailing Address

**702 S BAYVIEW AVE
CLEARWATER FL 33759
US****702 S BAYVIEW AVE
CLEARWATER FL 33759
US****LUU17003**

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

59-3208709

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

**CLINE, HARRY S
400 CLEVELAND STREET
STE 800
CLEARWATER FL 34615**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, DIANE
702 S BAYVIEW AVE
CLEARWATER FL 33759** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ratcliffe, Chuck
702 S. Bayview Ave.
Clearwater, FL 33759** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCHOENBERGER, LARRY
725 S BAYVIEW AVE
CLEARWATER FL 33759** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BURK, SALLY G
702 S BAYVIEW AVE
CLEARWATER FL 33759** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WRIGHT, STANLEY
702 S BAYVIEW AVE
CLEARWATER FL 33759** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOONEY, BERT
702 S BAYVIEW AVE
CLEARWATER FL 33759** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: _____**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Feb. 01, 2001 727-725-8274**

Date Daytime Phone #

CR2E037 (10/00)