

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

2670960

03-20-2002 90065 005 \*\*\*\*61.25

**DOCUMENT # N93000002853**

1. Entity Name

**OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FOUNDATION, INC.**

Principal Place of Business <b>702 S BAYVIEW AVE CLEARWATER FL 33759 US</b>	Mailing Address <b>702 S BAYVIEW AVE CLEARWATER FL 33759 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3208709</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, DIANE 702 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCHOENBERGER, LARRY 725 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BURK, SALLY G 702 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WRIGHT, STANLEY 702 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOONEY, BERT 702 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RATCLIFFE, CHUCK 702 S BAYVIEW AVE CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Stanley Wright *Stanley Wright* 2/27/02 813-727-8274  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE037 (9/01)