## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000002853 1. Entity Name

## OUR LADY OF DIVINE PROVIDENCE HOUSE OF PRAYER FO UNDATION, INC.

Principal Place of Business

Mailing Address

702 S BAYVIEW AVE CLEARWATER FL 33759 702 S BAYVIEW AVE CLEARWATER FL 33759

2.	Principal Place of Business

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

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

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2. Principal F	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	le	City & State	City & State		4. FEI Number 59-3208709 Applied For Not Applicable			
				28-0			t Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Add		
		2	<u> </u>			ee Require	<u> </u>	
	8. Name and Address of Current	Hegistered Agent	Name		ss of New Registered A	gent _		
			744776					
CLINE, HA	ARRY S		Street Address (		(P.O. Box Number is Not Acceptable)			
,	ELAND STREET				· ·			
STE 800								
CLEARWA'	TER FL 34615		City		FL	Zip Code	9	
5. The above	e named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the	e state of Florida.			
CONTURE								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating)	DATE			
		O Floation Con	nasian Financian	\$5.00 May Be	Males Charle	Davabla		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Make Check			
		Trust Fullu C	John Dallon.	Added to Fees	Departmen	t of State	l	
10. 🛓	OFFICERS AND DIF	RECTORS	<b>[</b> 11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10	
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	702 S BAYVIEW AVE		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	CLEARWATER FL 33759	□ Delete :	CITY-ST-ZIP			Change	Addition	
CITY-ST-ZIP TITLE	CLEARWATER FL 33759 VPD	☐ Delete ·	CITY-ST-ZIP TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	CLEARWATER FL 33759 VPD SCHOENBERGER, LARRY	☐ Delete ·	CITY-ST-ZIP TITLE NAME			☐ Change	Addition	
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rhereby certify that the information supplied with this lifting does not qualify for the exemptor stated in Section 119.07(3)(), Florida Statutes. 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 effect 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 lift empowered.

2/27/02

Date

813-727-8274

Daytime Phone #