

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707764

1. Entity Name

NATIONAL MISSIONARY BAPTIST HOUSE OF PRAYER HOLY

Principal Place of Business

925 S.E. 7TH PLACE  
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 721  
GAINESVILLE FL 32602-0721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2341617

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

MYERS, DOSHIA D  
925 S.E. 7TH PLACE  
GAINESVILLE FL 32601

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

TITLE ☐ Delete

NAME MYERS, DOSHIA D  
STREET ADDRESS 110 SE 8TH ST 2  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete

NAME SMD  
NAME RAMSEY, JAMES W  
STREET ADDRESS 808 S.E. 20TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete

NAME VSD  
NAME YOUNG, ALLIE RUTH  
STREET ADDRESS 2749 FORMAN CIRCLE  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Add

NAME 925 SE 7th place  
STREET ADDRESS Gainesville, Florida 32601  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Add

NAME SMD  
NAME Echols, Benita C.  
STREET ADDRESS 1900 SE 4th Street # 73 apt.  
CITY-ST-ZIP Gainesville, Florida 32641

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Doshia D Myers* (Doshia D Myers)

DATE Feb. 8, 2000  
DAYTIME PHONE # (352) 376-3691