

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90028 043 \*\*\*\*75.00

**DOCUMENT # 707764**

1. Entity Name

**NATIONAL MISSIONARY BAPTIST HOUSE OF PRAYER HOLY**

Principal Place of Business

Mailing Address

925 S.E. 7TH PLACE  
 GAINESVILLE FL 32601

P.O. BOX 721  
 GAINESVILLE FL 32602-0721

DUU10100



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 **59-2341617**

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	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, DOSHIA D</b>	
STREET ADDRESS	<b>110 SE 8TH ST 2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>SMD</b>	<input type="checkbox"/> Delete
NAME	<b>RAMSEY, JAMES W</b>	
STREET ADDRESS	<b>808 S.E. 20TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, ALLIE RUTH</b>	
STREET ADDRESS	<b>2749 FORMAN CIRCLE</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>925 SE 7th place</b>	
CITY-ST-ZIP	<b>Gainesville, Florida 32601</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SMD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	<b>Echols, Benita C.</b>	
STREET ADDRESS	<b>1900 SE 4th Street # 73 apt.</b>	
CITY-ST-ZIP	<b>Gainesville, Florida 32641</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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) **Feb. 8, 2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(352) 376-3691**