

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90179 047 \*\*\*\*70.00

**DOCUMENT # 711648**

1. Entity Name

**THE EVANGELICAL HOUSE OF PRAYER, INC.**

Principal Place of Business

Mailing Address

**3236 MCKETHAN ROAD  
 DADE CITY FL 33525**

**3236 MCKETHAN ROAD  
 DADE CITY FL 33525  
 US**

007650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Dade City, FL**

4. FEI Number

**59-2959336**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33526 PASCO**

5. Certificate of Status Desired

**X \$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEAL, ERVIN A.  
 3236 MCKETHAN RD  
 DADE CITY FL 33525**

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

*Ervin A. O'Neal*

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	P	<input type="checkbox"/> Delete
NAME	O'NEAL, ERVIN A.	
STREET ADDRESS	3236 MCKETHAN RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'NEAL, BETTY J.	
STREET ADDRESS	3236 MCKETHAN RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RENAUD, BETSY K.	
STREET ADDRESS	112 FIRST CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, TAMNAH	
STREET ADDRESS	5000 S HIMES #536	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, DERRYL B.	
STREET ADDRESS	20336 TAPPAN ZEE DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, KIMBERLY A	
STREET ADDRESS	1286 SEAGATE DR 305	
CITY-ST-ZIP	PALM HARBOR FL 34685	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, Betsy	
STREET ADDRESS	15904 N. Hwy. 301	
CITY-ST-ZIP	Dade City, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Probus, Kimberly	
STREET ADDRESS	14147 Prospect ST.	
CITY-ST-ZIP	Spring Hill, FL 34609	

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:

*Betsy K. O'Neal* 1/11/01 523-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)