

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714847

1. Entity Name

HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

**FILED**  
Aug 12, 2002 8:00 am  
Secretary of State

08-12-2002 90001 044 \*\*\*\*70.00

Principal Place of Business

2445 N.W. 62ND STREET  
MIAMI FL 33147

Mailing Address

1005 N.E. 92 S  
~~5500 NW 4TH AVENUE~~ MIAMI, SHORES, FL  
MIAMI FL 33127  
33138

B0133706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State  
MIAMI SHORES, FLA.

4. FEI Number 59-6170398

Applied For  
Not Applicable

Zip

Country

Zip  
33138

Country  
DADE

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

WATSON, ALBERT  
~~5500 NW 4TH AVENUE~~  
MIAMI FL 33127

CHANGE OF ADDRESS  
1005 N.E. 92 St.  
MIAMI SHORES, FLA  
33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D WATSON, ALBERT JR. <del>5500 NW 4TH AVENUE</del> 1005 N.E. 92 St. MIAMI FL 33127 MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CURRY, JAMES 2445 W. 62 ST MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINSON, CONNIE 2445 NW 62 ST MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, GWENDOLYN <del>5500 NW 4TH AVE</del> 2445 N.W. 62 St. MIAMI FL 33127 MIAMI, FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPFIELD, JOHNNIE L 2445 NW 62ND ST MIAMI FL 33147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	LEVOID DAVIS 2445 N.W. 62 St. MIAMI, FL 33147	<input checked="" 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: Albert P. Watson Jr. 8/2/02 305 836-1210

CR2E037 (4/02)