

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0091209

**DOCUMENT # 719478**

1. Entity Name

**PENTECOSTAL HOUSE OF PRAYER OF SHARPES, INC.**

03-08-2001 90089 040 \*\*\*\*75.00

Principal Place of Business

Mailing Address

605 MOORE DRIVE  
 COCOA FL 32926-5721  
 US

803 WILSON ST  
 COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

*605 MOORE RD.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*COCOA, FL.*

4. FEI Number

**71-9478504**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32926*

*BREVARD*

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

**BAILEY, CLARENCE D.  
 3859 CATALINA DRIVE  
 COCOA FL 32926**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BERRY, WILLIS 3874 WEAVER STREET COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD LEWIS, MORRIS J 1602 LA MARCHE DR. COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTD DANIEL, JAMES 550 RUCKER LN COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BAILEY, CLARENCE D PASTOR 3859 CATALINA DR COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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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

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:** *Clarence D. Bailey* **CLARENCE D. BAILEY** 3-3-2001 (321) 690-1735  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)