

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90104 047 ****61.25

DOCUMENT # 753601

1. Entity Name

HOUSE OF PRAYER CHURCH OF UNCONDEMNATION, INC.

Principal Place of Business

Mailing Address

**312 N.E. 141ST
 UNIT B
 NORTH MIAMI FL 33161**

**312 N.E. 141ST
 UNIT B
 NORTH MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

59-2000301

Not Applicable

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

**STREETER, ARTHUR BISHOP
 18530 N.W. 47 AVENUE
 MIAMI FL 33155**

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	PD	<input type="checkbox"/> Delete
NAME	STREETER, ARTHUR BISHOP	
STREET ADDRESS	18530 N.W. 47 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, MARY	
STREET ADDRESS	1210 N.E. 110 TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ST. LOUIS, DEBRA	
STREET ADDRESS	312 N.E. 141ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, BARRY	
STREET ADDRESS	1210 N.E. 110TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETER, ARTHUR BISHOP	
STREET ADDRESS	920 NW 201ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORA STREETER	
STREET ADDRESS	920 NW 201ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSIE STREETER	
STREET ADDRESS	920 NW 201ST	
CITY-ST-ZIP	MIAMI, FL 33169	
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		

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 (305-891-0966)

CR2E037 (9/01)