

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90057 005 ****61.25

DOCUMENT # 753601

1. Entity Name

HOUSE OF PRAYER CHURCH OF UNCONDEMNATION, INC.



Principal Place of Business

**6777 NW 27TH AVE
MIAMI FL 33147**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-2000301**

Applied For

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **STREETER, ARTHUR BISHOP**
STREET ADDRESS **920 NW 201 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **STREEKEA, CORA**
STREET ADDRESS **920 NW 201 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **VD** ☒ Change ☐ Addition
NAME **DEBRA D. ST. LOUIS**
STREET ADDRESS **312 NE 141ST**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE **SD** ☒ Delete
NAME **ST. LOUIS, DEBRA**
STREET ADDRESS **312 N.E. 141ST**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **Shadelene Tel Fort**
STREET ADDRESS **13657 NE 5TH AVE**
CITY-ST-ZIP **N. Miami, FL 3316**

TITLE **TD** ☐ Delete
NAME **STREEKA, BESSIE**
STREET ADDRESS **920 NW 201 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TD** ☒ Change ☐ Addition
NAME **BESSIE STREETER**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information for the exemption stated in Section 190.01(5)(b), Florida Statutes, 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:

ARTHUR BISHOP

CR2E037 (10/02)