## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 16, 2002 8:00 am DOCUMENT # 761452 1. Entity Name **Secretary of State** MIRACLE PRAYER TEMPLE, INC. 01-16-2002 90039 008 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O JAMES H. BROWN C/O JAMES H. BROWN 3215 AVE Q P.O. BOX 0668 FT. PIERCE FL 34946 FT. PIERCE FL 34954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2384237 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, JAMES H. 5200 MATANZAS AVE FT. PIERCE FL 34946 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Ç Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/6) ☐ Addition TITLE ☐ Delete TITLE NAME BROWN, JAMES H. NAME STREET ADDRESS STREET ADDRESS 5200 MATANZAS AVE CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34946 TITLE VD Delete TITLE Change ☐ Addition But ricia a. Brown NAME BLATCH SEORCE. NAME op matanzas Ave 7558 CORES STREET ADDRESS STREET ADDRESS Pierce IFI 349\$6 CITY-ST-ZIP HOBE SOUND, FL 00000 CITY-ST-ZIP TITLE Delete TITLE Change - Addition NAME lopez. Carol NAME STREET ADDRESS 1203 N. 24TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34950 Change Delete s D (C) Change TITLE TITLE ☐ Addition SAndy NAME BROWN, PATRICIA NAME 1006 STREET ADDRESS STREET ADDRESS 5200 MATANZAS AVE CITY-ST-ZIP CITY-ST-ZIP 34950 FT. PIERCE FL 34946 Chang an Delete [] Change Addition TITLE TITLE MACK, SANDY NAME NAME STREET ADDRESS STREET ADDRESS 1006 N 23RD ST. CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34950 Change Addition TITLE ☐ Delete TITLE WAITHA, COURTNEY NAME NAME STREET ADDRESS 3105 31ST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34945 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** James HBMUM Daytime Phone #