

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762442

1. Entity Name

MY HOUSE OF PRAYER, INC.

Principal Place of Business

Mailing Address

STATE RD 351  
CROSS CITY FL 32628

P.O. BOX 1168  
CROSS CITY FL 32628-1168

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

59-2190398

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

SPURLIN, WILLIE F  
STATE RD. 351  
HORSE SHOE BEACH FL 32628

Name SPURLIN, WILLIE F.

Street Address (P.O. Box Number is Not Acceptable)  
CAMP STREET

City Cross City

FL

Zip Code  
32628

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 Willie F. Spurlin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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 ☐ Delete  
NAME SPURLIN, WILLIE F  
STREET ADDRESS P.O. BOX 504  
CITY-ST-ZIP CROSS CITY FL 32628

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

TITLE VD ☐ Delete  
NAME SPURLIN, MARY JANE  
STREET ADDRESS P.O. BOX 504  
CITY-ST-ZIP CROSS CITY FL 32628

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

TITLE SD ☐ Delete  
NAME SPURLIN, ANNIE R  
STREET ADDRESS CAMP STREET  
CITY-ST-ZIP CROSS CITY FL 32628

TITLE SD ☐ Change ☐ Addition  
NAME SPURLIN, ANNIE R.  
STREET ADDRESS P.O. Box 446  
CITY-ST-ZIP Cross City, FL 32628-0446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Willie F. Spurlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

352-498-5679

Daytime Phone #

CR2E037 (9/99)