

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762442

1. Entity Name

MY HOUSE OF PRAYER, INC.

Principal Place of Business

STATE RD 351
CROSS CITY FL 32628

Mailing Address

P.O. BOX 1168
CROSS CITY FL 32628

2. Principal Place of Business

CAMP STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CROSS CITY, FL

City & State

Zip

32628
Dixie

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

SPURLIN, WILLIE F
CAMP STREET
HORSE SHOE BEACH FL 32628

7. Name and Address of New Registered Agent

Name SPURLIN, Willie F.

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

CAMP STREET

City

CROSS CITY, FL

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

President

1-8-01

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

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

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

TITLE SD
NAME SPURLIN, ANNIE R
STREET ADDRESS P O BOX 446
CITY-ST-ZIP CROSS CITY FL 32628-0446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Willie F. Spurlin

1-352-498-5479

1-8-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020993

CR2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90019 004 ****70.00



DO NOT WRITE IN THIS SPACE