

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90141 018 ****61.25

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DOCUMENT # 763495

1. Entity Name

THE HOUSE OF PRAYER OF THE LIVING GOD, INC.



Principal Place of Business

~~P.O. BOX 1536~~

~~705 BREEZEWOOD DRIVE~~
~~IMMOKALEE FL 33904~~

Mailing Address

~~P.O. BOX 1536~~

~~705 BREEZEWOOD DRIVE~~
~~IMMOKALEE FL 33904~~

2. Principal Place of Business

401 South 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491280**

Applied For

Not Applicable

Zip

34142

Country

Zip

34143

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

401 South 2nd Street

City

FL

Zip Code

JENKINS, DOROTHY M

~~705 BREEZEWOOD DRIVE~~
IMMOKALEE FL 34142

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
After September 10, 2003, min will be \$236.25

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 **JENKINS, DOROTHY M**
STREET ADDRESS ~~705 BREEZEWOOD DRIVE~~
CITY-ST-ZIP **IMMOKALEE FL**

TITLE ☐ Change ☐ Addition
NAME **401 South 2nd St.**
STREET ADDRESS **34142**
CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
NAME **JENKINS, VICTORIA**
STREET ADDRESS **619 N. 9TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

TITLE **VD** ☐ Delete
NAME **BURTON-ERVIN, GLENDA**
STREET ADDRESS **420 VALLEY DRIVE**
CITY-ST-ZIP **LEHIGH FL 33936**

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

TITLE **V** ☐ Delete
NAME **ARMSTRONG, LUCILLE**
STREET ADDRESS **SE 11TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/03 239-658-3055

CR2E037 (4/03)