

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764070

1. Entity Name

HOUSE OF PRAYER HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

% CLAUDIE MAE HILL  
825 S.E. 7TH PLACE  
LAKE BUTLER FL 32054

735 SE 10TH ST  
LAKE BUTLER FL 32054  
US

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

59-2832121

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

HILL, CLAUDIE MAE  
845 S.E. 7TH PLACE  
LAKE BUTLER FL 32054

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	ALEXANDER, BETTY JEAN	
STREET ADDRESS	P.O. BOX 9 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, ZANDER	
STREET ADDRESS	RT 1, BOX 2900	
CITY-ST-ZIP	STARKE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, ETHEL	
STREET ADDRESS	P.O. BOX 601 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, GRADY	
STREET ADDRESS	P.O. BOX 601 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LUCILLE	
STREET ADDRESS	145 SW 9TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, ALMA S	
STREET ADDRESS	846 SE 1ST STREET	
CITY-ST-ZIP	LAKE BUTLER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ALEXANDER, BETTY JEAN President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90026 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)