

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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90048 004 \*\*\*\*61.25

**DOCUMENT # 764070**

1. Entity Name

**HOUSE OF PRAYER HOLINESS CHURCH, INC.**



Principal Place of Business

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

Mailing Address

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

4. FEI Number **59-2832121**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **ALEXANDER BETTY JEAN**

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

(NOTE: Registered Agent signature required when reinstating)

**5/12/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 CLAUDIE MAE HILL**

**5/12/03**

CR2E037 (10/02)