

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90016 014 *****70.00

DOCUMENT # 768578

1. Entity Name

THE GOLDEN PRAYER MISSION INC.

Principal Place of Business

Mailing Address

P.O. BOX 1854
 FT. MYERS FL 33902

P.O. BOX 1854
 FT. MYERS FL 33902

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

65-0048605

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

**GROSS, GLORIA
 4224 MICHIGAN CT
 388
 FT. MYERS FL 33916**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERCE, MARY FRANCIS	
STREET ADDRESS	13456 SE 3RD ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, ELIZABETH	
STREET ADDRESS	3243 C STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JANNETTA	
STREET ADDRESS	4224 MICHIGAN CT. APT. 682 CST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHORTTRIDGE, BARBARA	
STREET ADDRESS	353 MONTGOMERY AVE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	C	<input type="checkbox"/> Delete
NAME	GROSS, GLORIA K	
STREET ADDRESS	4224 MICHIGAN CT APT 388	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLIE, NATHANAL	
STREET ADDRESS	528 COOPER ST	
CITY-ST-ZIP	PUNJA GORDA FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY PIERCE HOLIE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHANIEL HOLIE	
STREET ADDRESS	604 BURLAND ST	
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: MARY PIERCE HOLIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2001 - 941-693-7227

Date

Daytime Phone #

CR2E037 (10/00)