

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90519 032 \*\*\*\*70.00

DOCUMENT # N00000001723

1. Entity Name

PROPHETESS/EVANGELIST HATTIE HALL MINISTRIES, IN  
C.



Principal Place of Business

5100 JOE KING RD.  
PLANT CITY FL 33567

Mailing Address

P.O. BOX 3386  
PLANT CITY FL 33564

11017919



2. Principal Place of Business

5100 Joe King Rd  
Suite, Apt. #, etc.  
Plant City Fla  
City & State

3. Mailing Address

PO Box 3386  
Suite, Apt. #, etc.  
Plant City Fla  
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3631414

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, HATTIE EVANG.  
5100 JOE KING RD.  
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME HALL, HATTIE  
STREET ADDRESS 5100 JOE KING RD  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE TS  
NAME HALL, THETLIAN V  
STREET ADDRESS 5100 JOE KING RD  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE TS  
NAME SMITH, CONETTA  
STREET ADDRESS 1326 LANTICK LN  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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

4/24/03

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