

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004887

1. Entity Name

HOUSE OF PRAYER FOR ALL NATIONS/WORLD OUTREACH.

Principal Place of Business

2410 S PALMETTO AVE
SANFORD FL 32771

Mailing Address

2410 S PALMETTO AVE
SANFORD FL 32771

2. Principal Place of Business

2410 S Palmetto Ave

3. Mailing Address

Suite, Apt. #, etc.

City

Sanford FL

City & State

Sanford FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-3651447

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

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

Grace Pittman

President

7-4-01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE: President
NAME: Grace Pittman
STREET ADDRESS: 2410 S Palmetto Ave
CITY-ST-ZIP: Sanford FL 32771

TITLE: Vice President
NAME: Grace W. Pittman
STREET ADDRESS: 2410 S Palmetto Ave
CITY-ST-ZIP: Sanford FL 32771

TITLE: Treasurer & Secretary
NAME: Mattie L. Sanders
STREET ADDRESS: 344 Brandon Rd.
CITY-ST-ZIP: Maitland FL 32751

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: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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 of it, and am 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 persons empowered.

SIGNATURE:

Grace Pittman

7-4-01

President

Date

Daytime Phone #

01-29-2001 90130 033 *****61.25

08-20-2001 90071 037 *****61.25

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

12/11/2001 11:08 14

JAY; GRACE PITTMAN

PAGE 01

12-11-01

Fla. Dept. of State

I mailed in 2001 uniform
business report more than once.
I haven't heard nothing else from
you. - (Called you 12-10-01)
I would like all late fees to
be removed.

Thank You,

Grace Pittman

House of Prophecy World Outreach
for all Nations Inc.

2410 S Palmetto Ave,
Sanford, FL 32771

FAX 407 328-8071