

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004887

1. Entity Name

HOUSE OF PRAYER FOR ALL NATIONS/WORLD OUTREACH, INC.

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.
Suite, Apt. #, etc.

3. Mailing Address

2410 S Palmetto Ave.
Suite, Apt. #, etc.

City & State

Sanford, Fl.

City & State

Sanford, Fl.

Zip

32771

Country

Zip

32771

Country

4. FEI Number

59-3651647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTMAN, GRACE
2410 S PALMETTO AVE
SANFORD FL 32771

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PITTMAN, GRACE	
STREET ADDRESS	2410 S PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	PITTMAN, JAMES W	
STREET ADDRESS	2410 S PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SANDERS, HATTI L	
STREET ADDRESS	344 BANYON DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Grace Pittman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 407-328-8071

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90137 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)