

7/24

**FILED****Aug 10, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90026 021 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000005670**

1. Entity Name

**CHRISTIAN ETERNAL PRAYER ADVOCATES, INC.**

Principal Place of Business

**4100A BOOKER ST.  
ORLANDO FL 32811**

Mailing Address

**PO BOX 617442  
ORLANDO FL 32861**

2. Principal Place of Business

**4201 Cepeda Street**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 617442**  
Suite, Apt. #, etc.

City &amp; State

**Orlando, FL**  
Zip

City &amp; State

**Orlando, FL**  
Zip

4. FEI Number

**31-1728439**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VICKSON I, O.M.  
2215 RAVENALL AVE.  
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

**Rev. O.M. Vickson I**  
Street Address (P.O. Box Number is Not Acceptable)  
**2215 Ravenall Avenue**  
City **Orlando** **FL** Zip Code **32811**

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

*O.M. Vickson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/2/01***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	DCED	<input type="checkbox"/> Delete
NAME	VICKSON, O.M.	
STREET ADDRESS	2215 RAVENALL AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICKSON, DOLLIE	
STREET ADDRESS	2215 RAVENALL AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CAROLYN	
STREET ADDRESS	1217 POLK ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, LARRY	
STREET ADDRESS	811 COYLER ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, BOB	
STREET ADDRESS	5201 LANETTE STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNICK, KENNETH	
STREET ADDRESS	2600 ORANGE CENTER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32805	

## 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, without other like empowered.

SIGNATURE:

*O.M. Vickson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/18/01 (407) 291-4425*

CR2E037 (5/01)