

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005740

1. Entity Name

**EAGLES MOUNT FELLOWSHIP AND PROPHETIC MINISTRIES
TRAINING CENTER, INCORPORATED**

Principal Place of Business

**4810 EAST BUSCH BOULEVARD
SUITE J
TAMPA FL 33617**

Mailing Address

**P.O. BOX 311232
TAMPA FL 33680**

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

59-3667481

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

**FRAZIER, NELIA H
7889 NIAGARA AVENUE
TAMPA FL 33617**

Name

Frazier, Nelia H.

Street Address (P.O. Box Number is Not Acceptable)

4765 Puritan Circle

City

Tampa,

FL

Zip Code

33617

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 **PT** ☐ Delete
NAME **FRAZIER, NELIA H**
STREET ADDRESS **7889 NIAGARA AVENUE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **PT** ☒ Change ☐ Addition
NAME **Frazier, Nelia H.**
STREET ADDRESS **4765 Puritan Cir.**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **ST** ☐ Delete
NAME **HILL, CAROLYN A**
STREET ADDRESS **2015 E. RAMPART STREET**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **T** ☒ Change ☐ Addition
NAME **Hill, Carolyn A.**
STREET ADDRESS **2015 E. Rampart Street**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **TT** ☐ Delete
NAME **ANDERSON, TAVIA R**
STREET ADDRESS **7006 SIERRA MADRE PL**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **T** ☒ Change ☐ Addition
NAME **Anderson, Tavia R.**
STREET ADDRESS **7533 Pitch Pine Cir.**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition
NAME **Bob Anthony**
STREET ADDRESS **1902 Blue Sage Ct.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Fahy, Jo Ann**
STREET ADDRESS **8206 B N. 12th Street**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TT** ☐ Change ☒ Addition
NAME **Anderson, Kimberly A.**
STREET ADDRESS **7885 Niagara Av**
CITY-ST-ZIP **Tampa, FL 33617**

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: **Nelia H. Frazier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-02 (813) 987-9770
Date Daytime Phone #

CR2E037 (9/01)